

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1950

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1003

State File No. 28394  
6847  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		9. STREET ADDRESS (If rural, give location) 2113 E. Adelaide Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) J. c. (Last) LAURENCE	4. DATE OF DEATH (Month) (Day) (Year) August 10, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 27, 1871	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist,	10b. KIND OF BUSINESS OR INDUSTRY Fulton Iron Works, St. Louis, Missouri	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Laurence	13b. MOTHER'S MAIDEN NAME Mary Ellen Martin	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None 489-10-2907	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss Josephine Laurence, Adelaide 2113 E.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 2-1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic D. disease</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Heart</i>
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22. I hereby certify that I attended the deceased from *Sept 1*, 19*50*, to *8/10*, 19*50*, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *10:30* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Carter M.D.</i> (Degree or title)	23b. ADDRESS <i>539 N. Grand Bl. St. Louis, Mo.</i>	23c. DATE SIGNED <i>8/11/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. AUG 12 1950	REGISTRAR'S SIGNATURE <i>J. B. Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. A. Stock, 2117 E. Grand Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.