

S. No. 300  
v. 10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10237**  
**2385**  
Registrar's No.

FILED MAR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

5-23  
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>			d. STREET ADDRESS (If rural, give location) <b>1409 So EWING</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>PATRICIA</b>		b. (Middle) <b>ANN</b>	c. (Last) <b>LAUX</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 11, 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>1-20-51</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ST LOUIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>
13a. FATHER'S NAME <b>Charles Laux</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Whitaker</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Laux 1409 So EWING</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic hemolytic septicemia</b> <b>meningococcal?</b> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		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? <b>057.1</b>			
22. I hereby certify that I attended the deceased from <b>3-10-52</b> , 19___, to <b>3-11-52</b> , 19___, that I last saw the deceased alive on <b>3-11-52</b> , 19___, and that death occurred at <b>5:15A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert L. Korn M.D.</b> (Degree or title)			23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>3-11-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-13-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 13 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin 2301 Lafayette</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3384

P. O. Address 230 Lafayette

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.