

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37268**

5. No. 300
1v. 10. 48

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

4000

REG. # 105 389 BIRTH NO. 1216 888		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2668			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN ST. JOHNS		4261			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				d. STREET ADDRESS (If rural, give location) 8921 BRISTOL AVENUE					
3. NAME OF DECEASED: (Type or Print)		a. (First) ARTHUR		b. (Middle)		c. (Last) LAIRD			
4. DATE OF DEATH (Month) (Day) (Year) 10-13-52		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH 4-6-84		9. AGE (in years less birthday) 68		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS.: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY SOFT DRINK DISTRIBUTOR		11. BIRTHPLACE (City and State or Foreign Country) SLED, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME CASUS LAIRD		13b. MOTHER'S MAIDEN NAME MARY PATTON		14. NAME OF HUSBAND OR WIFE VERA LAIRD					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) YES		16. SOCIAL SECURITY NO. 493-07-8174		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA WITH GENERALIZED METASTASES				INTERVAL BETWEEN ONSET AND DEATH 6 Months			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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.		_____				163X			
19a. DATE OF OPERATION 5-1-52		19b. MAJOR FINDINGS OF OPERATION INOPERABLE BRONCHOGENIC CARCINOMA				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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?					
22. I hereby certify that I attended the deceased from 9-30-52 , 19 52 , to 10-13-52 , 19 52 , and that death occurred at 9:55A m., from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.		23b. ADDRESS VA HOSP. JEFF. BKS, MO.		23c. DATE SIGNED 10-13-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16 - 1952		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> 2504 Woodrow Rd Overland					

(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, only *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Oscar F. Mueller*

Licensed Embalmer No. 3039

P. O. Address *Overland 14 Mo*

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.