

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11879

FILED APR 10 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3426**

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</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2526a N. Grand Blvd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Emanuel J. Laramie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 53</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 19, 1890</b>		9. AGE (In years last birthday) <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Conduit Const.</b>	11. BIRTHPLACE (State or foreign country) <b>Florissant, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>

13a. FATHER'S NAME <b>Adolph Laramie</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Thebeau</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-05-0722</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Adele Knarr</b> ADDRESS <b>3518 E. Edgar</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Feb 28 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>151X</b>	

22. I, hereby certify that I attended the deceased from Jan 6, 1953, to March 30, 1953, that I last saw the deceased alive on March 29, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Wayne D. Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>2739 N. Grand</b>		23c. DATE SIGNED <b>3-31-53</b>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <b>Removal</b>		24b. DATE <b>April 1, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Florissant, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>MAR 31 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullinane Bros.</b> ADDRESS <b>3320 N. Kingshighway</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

*Fred Frick*

Signed.....

Student Embalmer

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.**