

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43761

State File No. _____

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **11622**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 22690	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 26 2413 A. N. FLORISSANT. AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) FRANCES c. (Last) LAIRD			4. DATE OF DEATH (Month) (Day) (Year) 12 20 54		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 6TH 1870	9. AGE (In years last birthday) 84.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY KREUPER.	13b. MOTHER'S MAIDEN NAME HELEN HELLWIG.	14. NAME OF HUSBAND OR WIFE FRANK LAIRD (DECD.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, show year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME FRANK J. OBERMEIER #26 TEAK WOOD.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition and pneumonia		INTERVAL BETWEEN ONSET AND 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.		

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 493X

22. I hereby certify that I attended the deceased from **12-16**, 19**54**, to **12-20**, 19**54**, that I last saw the deceased alive on **12-20**, 19**54**, and that death occurred at **6:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank J. Obermeier M.D. (Degree or title)	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 12/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE DEC. 22ND 54	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY.	24d. LOCATION (City, town, or county) (State) ST. LOUIS - MO.
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DATE REC'D BY LOCAL REG. DEC 21 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Brockland	ADDRESS Und. Co. 1827 Hogan
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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~~ me..... Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Haines.....
Licensed Embalmer No. 410

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.