No. 300
10.48

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42313

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11558

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 66 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5300 Arlington Avenue. 2075

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): ~~Et~~
c. (Last): Laughlin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec.1,1882
9. AGE (In years last birthday): 73 yrs. 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): Retired Tool & Die Mr.
10b. KIND OF BUSINESS OR INDUSTRY: Nixdorff-Krein Co.
11. BIRTHPLACE (City and State or Foreign Country): Iron Mountain, Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John Laughlin
13b. MOTHER'S MAIDEN NAME: Elizabeth Harrington
14. NAME OF HUSBAND OR WIFE: Laura Laughlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-03-0616
17. INFORMANT'S SIGNATURE OR NAME: Mrs.Laura Laughlin, 5300 Arlington Ave. 20

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of lower jaw with metastasis
DUE TO (c) carcinoma of lower jaw with metastases

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. 143 X

19a. DATE OF OPERATION: March 1955
19b. MAJOR FINDINGS OF OPERATION: carcinoma of lower jaw — Carcinoma of lower jaw with metastasis
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/3, 1955, *to* 12/29, 1955, *that I last saw the deceased alive on* 12/25, 1955, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George A. Carroll M.D.
23b. ADDRESS: 602 N. Grand
23c. DATE SIGNED: 12/30

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.31,1955
24c. NAME OF CEMETERY OR CREMATORY: Bellefontain Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: DEC 30 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE, 15
(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 418

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.