

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14688**  
Registrar's No. **3367**

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **1-day** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital** e. STREET ADDRESS (If rural, give location) **19 3745 Lindell Blvd. 21970**

3. NAME OF DECEASED (Type or Print)  
a. (First) **John** b. (Middle) **B.** c. (Last) **Laughlin** 4. DATE OF DEATH (Month) (Day) (Year) **April 3, 1956**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **S.** 8. DATE OF BIRTH **Jan. 11, 1873** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months **2** Days **22** IF UNDER 24 HRS. Hours **1** Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Salesman, Hamilton Shoe Co.** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Iowa** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unk. Laughlin** 13b. MOTHER'S MAIDEN NAME **Cecilia Smith** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. **349-01-6300** 17. INFORMANT'S SIGNATURE OR NAME **Mr. Gus Boehmer** ADDRESS **620 S. Warson Road**

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) **Bronchopneumonia**  
*Chronic Lymphatic Leukemia*  
ANTECEDENT CAUSES **Chronic Lymphatic Leukemia**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) *Chronic Lymphatic Leukemia*  
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  
**18 days**  
**1 yr.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **204.0** 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) (Min.) \_\_\_\_\_ 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 **1-10-1956** to **4-3-1956**, that I last saw the deceased alive on **4-3-1956**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Hy. W. Hollar M.D.** (Degree or title) 23b. ADDRESS **3720 Washington 3720 W. Wesley Ave** 23c. DATE SIGNED **4-4-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 6, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **APR 4 1956** REGISTRAR'S SIGNATURE **Carol Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **J. Donnelly** ADDRESS **3840 Lindell Blvd.**

(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 embalmed by me, or by J. M. [Signature]....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 56.....

P. O. Address 3840 Lind.....

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