

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003812
STATE FILE NUMBER

JAN 12 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 67

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| 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, give TOWNSHIP only) OR TOWN Kirkwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kirkwood 4713 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Length of stay in 1b 2 days (2) | d. STREET ADDRESS (If outside, give location) 182 W. Rose Hill Ave |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First EDWARD Middle PETER Last LAUX | | | 4. DATE OF DEATH Month Jan. Day 5, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 23, 1890 | | 9. AGE (In years last birthday) 68 |
| | | IF UNDER 1 YEAR Months 0 Days 0 | | IF UNDER 24 HRS. Hours 0 Min. 0 | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Confectionery | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John H. Laux | | 13b. MOTHER'S MAIDEN NAME Elizabeth Ruemmler | | 14. NAME OF HUSBAND OR WIFE Emma Laux |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. Emma Laux, 182 W. Rose Hill Ave. Kirkwood | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cocooning Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertensive Cardiovascular Disease | 8 yrs | |
| | DUE TO (c) Arterial Sclerosis | ? | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour 10:30 Month, Day, Year a.m. 12 p.m. | | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Kirkwood, Mo. | |
| 21. I attended the deceased from Aug. 1, 1951 to 5 Jan 59 and last saw him alive on 5 Jan. 59 Death occurred at 10:30 m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS, 182 W. Rose Hill Ave. Kirkwood, Mo. DATE SIGNED 1-6-59 | |
| 22a. SIGNATURE John H. Barnett M.D. (Degree or title) | | | |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/8/59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |
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| 24. FUNERAL DIRECTOR Louis H. Boyd, Inc. Kirkwood | ADDRESS Kirkwood | 25. DATE RECD. BY LOCAL REG. 1-7-59 | 26. REGISTRAR'S SIGNATURE John C. Murphy, M.D. |
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Day Barnett

All diseases in Part I must be causally related.

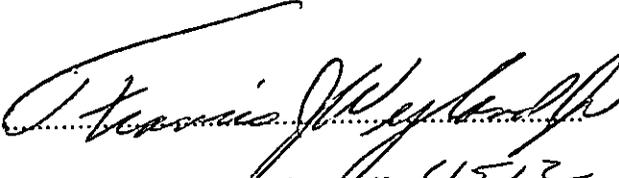
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(Licenses, Embosser'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, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4512

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