

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003996

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 189

300

-57

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 Normandy, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Normandy 400%
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3753 E. Edgar Rd.		Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) 3753 E. Edgar Rd.
3. NAME OF DECEASED (Type or print) First Perry Middle Allen Last Laird Ben Laird			4. DATE OF DEATH Month January , Day 17 , 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 3-5-1892.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Webash Railroad	11. BIRTHPLACE (City and state or country) Waverly, Tenn.
13a. FATHER'S NAME Allen Laird		13b. MOTHER'S MAIDEN NAME Charlotte Clapton	14. NAME OF HUSBAND OR WIFE Mrs Anna Laird
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. R.R. Retirement	17. INFORMANT Address Mrs Anna Laird, 3753 E. Edgar Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Atherosclerosis DUE TO (c) Cholesterol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 1-17-59 to 1-17-59 1940 1935
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from Jan 19 45 , to 1-17-59 and last saw him alive on 1-17-59 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John C. Murphy M.D.		22b. ADDRESS St. Louis, Mo.	22c. DATE SIGNED 1/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	1-21-1959	Laurel Hill Gardens	St. Louis, County, Mo.
24. FUNERAL DIRECTOR ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.		25. DATE RECD. BY LOCAL REG. 1-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clement McKeany*

Licensed Embalmer No. *3732* ..
P. O. Address *St. Louis* ..

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.