

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028551

FILED VS AUG 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7381

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 6122 Louisiana	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph B. Laury			4. DATE OF DEATH Month Day Year Jul. 23, 1960		
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 May 8, 1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Laury		13b. MOTHER'S MAIDEN NAME Charlette Euge	
14. NAME OF HUSBAND OR WIFE Linda Laury		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. 499-36-9398	
17. INFORMANT Linda Laury		17. ADDRESS 6122 Louisiana			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anoxia</i> DUE TO (b) <i>for Pulmonary</i> DUE TO (c) <i>434.4</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>2 months</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>chronic hypoxia, pneumonia, stroke, prothrombin deficiency</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 Month, Day, Year a.m. p.m.	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	COUNTY STATE

21. I attended the deceased from *7/12/59* to *7/23/60* and last saw *her* him alive on *7/23/60*
Death occurred at *9 p.m.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Regina V. Johns duby M.D.</i>		22b. ADDRESS <i>4401 Hampton Ave</i>		22c. DATE SIGNED <i>7/25/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>7-26-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>	

24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. <i>JUL 25 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i> <i>m 80</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Genschel
4401 Hampton

17 to

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Van Foss

Licensed Embalmer No. 4242

P. O. Address St. Louis Mo

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