

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021406  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1478

**FILED MAY 29 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROCK, MO</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>ST LOUIS (11)</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROCK HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6425 MICHIGAN AVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lulu</u> Middle <u>LABORENZ</u> Last <u>LABORENZ</u>		4. DATE OF DEATH Month <u>5</u> Day <u>11</u> Year <u>62</u>	
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/2/84 78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED LABORENZ</u>		13b. MOTHER'S MAIDEN NAME <u>LENA LAMM</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Medical Records Rock Hosp</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMPHYSEMA</u> DUE TO (b) <u>GENERALIZED ARTERIOSELEROSIS</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3?</u> <u>yr?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>A.S.H.D. RT I.T.V. Nephrosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/> 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.) <u>He fell at home.</u>	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>4-12-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>St Louis</u>		COUNTY <u>  </u> STATE <u>  </u>	
21. I attended the deceased from <u>5/9/62</u> to <u>5/11/62</u> and last saw her alive on <u>5/11/62</u> Death occurred at <u>10:02 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Howard G. Ruessell, MD</u> (Name or title)		22b. ADDRESS <u>Rock Hosp. Rock, Mo</u>	
22c. DATE SIGNED <u>5/12/62</u>		23a. BURIAL, CREMATION, REQUIRY (Specify) <u>BURIAL</u>	
23b. DATE <u>5-15-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>	
23d. LOCATION (City, town, or county) <u>7600 Rock Hill Rd</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Fendler Und. Co. 7420 Michigan Ave (11)</u>		ADDRESS <u>  </u> DATE RECD. BY LOCAL REG. <u>5-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Joseph B. Murphy, M.D.</u>			

**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 W.G. Peterson  
Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.