

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6636 - 62-024857
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 439

FILED JUL 12 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in lb 13 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY _____
c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2201A SOUTH 39TH STREET Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD C. LAUGHNEY 4. DATE OF DEATH 7/3/62
5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/23/96 9. AGE (last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIN WORKER 10b. KIND OF BUSINESS OR INDUSTRY LAMBERT-HUDNUT 11. PLACE OF BIRTH (City and state or country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BELL LAUGHNEY 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE AMY LAUGHNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I 17. INFORMANT 62 AMY LAUGHNEY (WIDOW) SEE #2 Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 42011
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 6/20/62 to 7/3/62 and last saw him alive on 7/3/62
Death occurred at 1:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) Jeff Bks MD M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 7/3/62
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL 23b. DATE 7-6-62 23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM. 23d. LOCATION (City, town, or county) (State) JEFF. BKS. MO.
24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 SKINGSHIGHWAY ADDRESS _____ 25. DATE RECD. BY LOCAL REG. JUL 5 1962 26. REGISTRAR'S SIGNATURE Loan Smith M.D.

VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

83

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 R. N. Stoveland

Licensed Embalmer No. 4007

P. O. Address _____

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.