

S. No. 2
OM-542
7-5-1943
P-1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22511

FILED JUN 25 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1421

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4732 Tieman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Laura Bell Storts

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo W. Storts 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 18, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 29 If less than one day..... hr..... min.

9. Birthplace Not known Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name John Ryan
13. Birthplace Not known Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Palmer
15. Birthplace Not known Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Geo W. Storts

(b) Address 4732 Tieman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director JL Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JUN 19 1943 (Date received local registrar) (b) e.p. McLaughlin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6
(c) City or town Gardenville 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 4732 Tieman Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 25, 1943 to June 17, 1943
that I last saw her alive on June 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Uraemic poisoning Duration 10 days
Neptolitis Chr. 3 yrs.
Diabetes Mellitus 10 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy..... 61
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. Wagantuch (M. D. physician)
Address 4738 Gravois St Date signed 6/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Graves*

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 this body is not embalmed, fact should be so stated above.