V. S. No. 2
100M—2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43786

Registration District No. 317 Primary Registration District No. 3065 Registrar's No. 2957

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Glendale (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 813 E. Essex 1 (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Glendale (If outside city or town limits, write "RURAL")
(d) Street No. 813 E Essex (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Minnie B. O Laughlin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W 1
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife John F O Laughlin Sr
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) - 26 (Day) - 1868 (Year)

8. AGE: Years 75 Months 10 Days 1 If less than one day hr. min.
9. Birthplace Salem (City, town, or county) Ills 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Robert Fulton
13. Birthplace (City, town, or county) unk 9 (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace (City, town, or county) unk 9 (State or foreign country)
16. (a) Informant John F O Laughlin
(b) Address 813 E Essex
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood, Mo
19. (a) DEC 30 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1943 hour minute 10:30 P.M.
21. I hereby certify that I attended the deceased from Jan 14, 1942, 19, to Dec 27, 1943 that I last saw her alive on 12/26/43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	1 day
Due to Chronic myocarditis	3 yrs
Due to Diabetes mellitus	3 yrs
Other conditions Total blindness (Include pregnancy within 3 months of death)	3 yrs

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. H. Leslie (M. D.)
Address Kirkwood, Mo Date signed 12/28/43

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(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1948

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.....Van M. Sizemore.....

Licensed Embalmer No.....4343.....

P. O. Address.....7415 Zephyr Pl. Maplewood Mo.....

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.