

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Infirmary Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6/20/46 to 8-1-46  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2209 Hebert St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA BELLE DENOMY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 9 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 22 hr. min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name John Lee 0

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah ?

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mo Louise Hauschild

(b) Address 8431 Lowell

17. (a) Burial (b) Date thereof 8-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. Brown Ind. Co.

(b) Address 2707 No. Grand, City

19. (a) AUG 3 1946 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 25, 1946 to Aug 1, 1946  
that I last saw h. et alive on August 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arteriosclerosis Duration 18 Mo.

Due to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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: Thomas E. Ashley (M. D. or other) \_\_\_\_\_

Address: City Infirmary, Saint Louis, Mo. signed 8-1-46

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

27424

**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: *Stanley A. Jirou*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis, 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.)**

**44-1 & If this body is not embalmed, fact should be so stated above.**