WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11253

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11253

Township ..... Primary Registration District No. 1003 Registered No. 3087

City St. Louis (No. 4118 Gratiot St. St. Ward)

2. FULL NAME Henrietta M. Lauck

(a) Residence. No. 4118 Gratiot St., 18 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Aloysius W. Lauck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	4	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: William Fabell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Aloysius W. Lauck
(Address) 4118 Gratiot St.

15. FILED MAR 19 1928, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 17, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16th, 1928, to March 17th, 1928 that I last saw her alive on March 16th, 1928 and that death occurred, on the date stated above, at 8:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
124 B
11 A / 0 1 0 1
108 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) following la grippe.
Cirrhosis of liver (non-alc.) with ascites of (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? - -
O DID AN OPERATION PRECEDE DEATH? No DATE OF - -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) P. Buckbauer, M.D.
3/19/28 (Address) 3147 S. Jefferson Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park
DATE OF BURIAL: 3-20 1928

20. UNDERTAKER: Kriegshauser U. Co. Manchester Av.
ADDRESS: 4104

Dr. Brickbauer
3147 S. Jefferson Av.