

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

Do not use this space.

22198

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 6380
Registered No. 20 SL Ward

2. FULL NAME

(a) Residence. No. 4718 Kossuth St. 7 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
38 5 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Paymaster
(c) Name of employer Mississippi Glass Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER George E. Lauth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa

12. MAIDEN NAME OF MOTHER Mary Brady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Mary Lauth
(Address) 4708 Kossuth an

15. FILED 15 May 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 15 1925, to June 13 1928, that I last saw him alive on June 12 1928, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurgitation & decompensation

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous nephritis

18. WERE THERE DISEASES CONTRAINDICATING IF NOT PLACE OF DEATH: 1240

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Kidney test

(Signed) Chosrovi M.D.
June 15, 1928 (Address) 1035 Mission Ave

*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 Calvary Cemetery DATE OF BURIAL 6/16 1928

20. UNDERTAKER Meek & Dickman ADDRESS 3039 Eastern

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.

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