

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

Do not use this space.

41167

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. No. 3839 Lee Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 11833

**2. FULL NAME** John M. Lautner

(a) Residence. No. 3839 Lee Avenue St., 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 8, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	2	9	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stone Mason  
 (b) General nature of industry, business, or establishment in which employed (or employer) (Retired)  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Bohemia

PARENTS

10. NAME OF FATHER Frank Lautner

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

14. INFORMANT Joseph Lautner  
 (Address) 5447 Bates Street

15. FILED 19 1930 Ray C. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-17-1930 to 12-17-1930 that I last saw her alive on 12-17-1930, and that death occurred, on the date stated above, at 10:00 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
109  
97

(duration) yrs. mos. ds. 5  
 CONTRIBUTORY (SECONDARY) Stroke

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Shirley O. B... M. D.

12-18, 1930 (Address) 3519 9th St. St. Louis

\*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**

Park Lawn

**DATE OF BURIAL**

Dec. 20, 1930

**20. UNDERTAKER**

Wacker-Halden

**ADDRESS**

2331 S. Brdwy.

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

