

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.

42971

**1. PLACE OF DEATH**

County S. Louis Registration District No. 791  
 Township S. Louis Primary Registration District No. 1003  
 City S. Louis No. 4118 Central Av. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Henrietta Lauck  
 (a) Residence, No. 4118 Central 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Joseph Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15, 1894</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>5</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waitress</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec. 30, 1931</u>		11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Blayns Lauck</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Etta Sabell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No.</u>		
17. INFORMANT (ADDRESS) <u>Blayns Lauck</u> <u>4118 Central St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>1-2-32</u>		
19. UNDERTAKER (ADDRESS) <u>Reisbauer Mortuaries</u> <u>4104 Manchester St.</u>		
20. FILED <u>JAN - 1 1932</u> <u>W. E. Starbuck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1931

22. I HEREBY CERTIFY, that I attended deceased from No Physician's Attendance, 1931, to 1931.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

93C  
Chronic Myocarditis  
 Other contributory causes of importance:  
93C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Fernier M. D.

(Address) Dep. Corona

12/31/31

