

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

Do not use this space.

6719

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. 6005) Shuttle Ave St. 1795 Ward

**2. FULL NAME**

(a) Residence No. 6005 Shuttle Ave St. 1795 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 Married  
 5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Laufer (Kleskamp))

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1867  
 7. AGE YEARS 64 MONTHS 6 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 140  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hancock Mutual Life Insurance Co.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation ✓

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

13. NAME Bernard Laufer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Oberley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Elizabeth Laufer  
(6005 Shuttle Ave)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 25, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann and Son  
3161 East Fairview

20. FILED Feb 24 1932 Max Starling Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to Feb. 22, 1932.  
 I first saw him alive on Feb. 22, 1932. Death is said to have occurred on the date stated above, at 5:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset Feb. 21, 1932  
82 A  
97  
 Other contributory causes of importance: arterio sclerosis

Name of operation none Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 ①

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify no  
 (Signed) H. F. Miller M. D.  
 (Address) 8440 N. Broadway St. St. Louis

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.

