

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

Do not use this space.

24572

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. City Hospital #1)

File No. ....  
 Registered No. 5959 St. .... Ward)

**2. FULL NAME**

William Laubrecht  
 (a) Residence, No. St. Louis Ave. St. 9 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode) Appt  
 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March-8-1869</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Timmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>			
	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) <u>Wisconsin</u>				
FATHER	13. NAME <u>August Laubrecht</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Dr. Rawlett</u> (ADDRESS) <u>City Hospital #1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Milwaukee Wis</u> DATE <u>7/11</u> , 19 <u>33</u>				
19. UNDERTAKER <u>Peter Bros.</u> (ADDRESS) <u>3029 Lafayette Ave</u>				
20. FILED <u>1-7-1933</u>				

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-33, 1933

2. I HEREBY CERTIFY, That I attended deceased from June 29, 1933, to July 3, 1933  
 I last saw him alive on July 3, 1933. Death is said to have occurred on the date stated above, at 12:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Excessive Heat  
 Date of onset 30

Other contributory causes of importance

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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 Heat  
 (Signed) H. J. [Signature] M. D.  
 (Address) 1515 Lafayette Ave

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.  
 AUG 29 1933

1945

1945

Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.