

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

Do not use this space.

27434

**1. PLACE OF DEATH**

County St. Charles Registration District No. 157  
 Township St. Charles Primary Registration District No. 2036  
 City St. Charles (No. Emmanuel Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 154

**2. FULL NAME**

Opinda J. Lauer  
 (a) Residence, No. Emmanuel Home Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 27 yrs. 10 mos. 27 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 (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19, 1880</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>1</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Emmanuel Home</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation <u>27</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Lattleville, Missouri</u>		
13. NAME <u>Charles Lauer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Weldon Spring, Mo</u>		
15. MAIDEN NAME <u>Caroline Burgemaster</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Weldon Spring, Mo</u>		
17. INFORMANT (ADDRESS) <u>Rev. Theophil Staerker, Emmanuel Home, Lattleville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cemetery, Lattleville, Mo</u> DATE <u>Aug. 31, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>St. Charles, Mo</u>		
20. FILED <u>8/31/33</u> 19 <u>Clare C. S. Nessler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933, to Aug 28, 1933.  
 I last saw her, alive on Aug 28, 1933. Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
 Other contributory causes of importance: none

Name of operation Abd. Exploratory Date of July 4, 1933  
 What test confirmed diagnosis? Biopsy 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) A. P. Erich Schurz, M. D.  
 (Address) St. Charles, Mo.

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.

SEP 26 1933

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