

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

Do not use this space.

**31591**

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township **St. Louis** Primary Registration District No. **1003**  
City **St. Louis** (No. **Central Hospital**)

File No. ....  
Registered No. **8300**  
St. .... Ward)

**2. FULL NAME**

**George J. Lautenbacher**  
(a) Residence, No. **2709** **Arlington St.**, **6** Ward. (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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Wh.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Frances Lautenbacher</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 25, 1875</b>		
7. AGE YEARS <b>58</b>	MONTHS <b>2</b>	DAYS <b>27</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Packer</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Century Elec. Co.</b>		
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) <b>St. Louis Mo.</b>		
13. NAME <b>Michael Lautenbacher</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo.</b>		
15. MAIDEN NAME <b>Josephine Meyer</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT <b>Walter Lautenbacher</b> (ADDRESS) <b>2709 Arlington</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cem.</b> DATE <b>Sept. 25, 1933</b>		
19. UNDERTAKER <b>Chas. J. Stuart</b> (ADDRESS) <b>1325 Union Blvd.</b>		
20. FILED <b>1003</b> 19 <b>33</b> <b>J. Budeck</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 22, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 9, 1933** to **Sept 22, 1933**  
I last saw him alive on **Sept 22, 1933** Death is said to have occurred on the date stated above, at **9:30 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Atherosclerosis regnans**  
**HTA of atheroscl.**  
**129**  
**1170**  
Other contributory causes of importance:  
**Perforated ulcer of stomach etc.**

Name of operation **Laparotomy, drainage of abscess** Date of **Sept 19, 1933**  
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? **No**  
If so, specify .....

(Signed) **John C. Brown**, M. D.  
(Address) **4518 Washington 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.

OCT 20 1933

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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMO  
8:42

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]