DEC 2 2 1934

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

Do not use this space.

40578

1. PLACE OF DEATH
County St. Louis — Registration District No. 786
Township — Primary Registration District No. 4469
City Maplewood (No. 7360A, Elm Ave St. Ward)

File No.
Registered No. 40

2. FULL NAME Ignatius James Lauck
(a) Residence, No. 7360A Elm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Catherine Lauck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1879
7. AGE: YEARS 54 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Independent Packing Co.
10. Date deceased last worked at this occupation (month and year) until death
11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

FATHER
13. NAME William Lauck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

MOTHER
15. MAIDEN NAME Mary Rook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Missouri

17. INFORMANT (ADDRESS) Erwin Lauck 7296 Lyndover
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 10, 1934
19. UNDERTAKER (ADDRESS) Riegelhauser Mortuary 4228 S. Kingshighway
20. FILED Dec 10, 1934 Gustav Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/34, 1934
22. I HEREBY CERTIFY, That I attended deceased from 16, 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

Suicide by hanging; second attempt
Was found by his wife at 9:45 am
hanging to rafters in the attick
of his home. Worried over ill health
and feared he could not continue
his work due to illness.
On first attempt, was confined
to City Hospital for one week.
Maplewood police were called,
inhalator used for over an hour,
coroner's view. Was there an autopsy? no

Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis?

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
(Signed) Luke B. Tinnon, 11/9/34 Jennings Rd.
(Address) 3718 Jennings Rd.
Coroner St. Louis Co., 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.

to no avail, was pronounced dead at 12noon.