JAN 26 1937

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

Do not use this space.

47203

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No. — Registered No. 488

2. FULL NAME Joseph Edward LAUFKETTER

(a) Residence, No. 1908 Forest Ave., St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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~~ Mrs. Marguerite Laufketter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17, 1896

7. AGE: Years 40 — Months 10 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unav.

11. Total time (years) spent in this occupation Unav.

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

FATHER

13. NAME Fred C. Laufketter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER

15. MAIDEN NAME Mary Finnegan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT M. Schully Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE December 29, 1936

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY
(ADDRESS) 7814 S. Broadway St. Louis, Mo.

20. FILED Dec 28 1936 L. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from died enroute to hospital in hospital ambulence, 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:30 ~~a.m.~~ p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia, right, with acute dilatation of the Heart	Unkn.

Other contributory causes of importance:
Diabetes Mellitus
Deceased was previously in this hospital from 11/1/36 to 11/13/36.

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

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) C. V. Hughes, M.D.
(Address) Chief Med. Officer, Vet. Adm. Facility, Jeff. Barracks, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 17 1949

SEP 16 1948

JUN 18 1949