MAY 7 1937

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

Do not use this space.

File No. 15011

Registered No. 4507

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1436 North Park Place St. ..... Ward)

2. FULL NAME CHARLES LAUTENSCHLAGER,

(a) Residence, No. 1436 North Park Place, 26 Ward.
(Usual place of abode) (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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millie Lautenschlager (Weiss)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	7	13	

OCCUPATION

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

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

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) Reinland Mo

FATHER

13. NAME Charles Lautenschlager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Amanda Whittmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Millie Lautenschlager
(ADDRESS) 1436 N. Park Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE May 3, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED APR 30 1937 19.. J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1936, to April 29th, 1937

I last saw him alive on April 29th, 1937. Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular (Mitral) Disease of heart	3/1-36
Other contributory causes of importance: Cirrhosis Liver	10-1-36

Name of operation None Date of —

What test confirmed diagnosis? Clinical Symptoms 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 .....

(Signed) W. A. Fries, M. D.

(Address) 1544 50, Broadway

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.