

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....
City **St. Louis**

Primary Registration District No. **1003**
(No. **De Paul Hospital**)

File No. **22269**
Registered No. **6021**
St. Ward)

2. FULL NAME **Lavina Lauck**

(a) Residence, No. **4543 McMillan** St. **12** 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 Female	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 Alfred				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1890				
7. AGE 35	YEARS 46	MONTHS 8	DAYS 29	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) **Perryville, Missouri**
(STATE OR COUNTRY)

FATHER 13. NAME **Lewis Griffith**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Josephine McDowell**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

17. INFORMANT **Alfred Lauck**
(ADDRESS) **4543 McMillan**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **June 23, 1937**

19. UNDERTAKER **Kriogshauer Mortuaries**
(ADDRESS) **JUN 21 1937 Kingshighway Blvd.**

20. FILED **J. Bredeck** Registrar.
19 **607 N. Grand** (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1937**

22. I HEREBY CERTIFY that I attended deceased from **June 7, 1937**, to **June 21, 1937**
I last saw him alive on **June 20, 1937**. Death is said to have occurred on the date stated above, at **4 A.** m.

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

**Hypertensive
Heart disease
Hypertension
Atherosclerosis
Coronary Arteriosclerosis
Cerebral Thrombosis**

Name of operation..... Date of.....

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) **W. Malone Strand**, M. D.
(Address) **607 N. Grand**

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.

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