AUG - 5 1937

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

Do not use this space.

25196

1. PLACE OF DEATH

County 0

Township 0

City St. Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 6370

2. FULL NAME Loraine Lassauer

(a) Residence, No. 2910 Allen St., 17 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1922

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14	10	14	

OCCUPATION

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

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

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) St. Louis Mo.

FATHER

13. NAME Otto Lassauer

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

MOTHER

15. MAIDEN NAME Jennie Miller

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

17. INFORMANT (ADDRESS) Otto Lassauer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE July 2/37, 19

19. UNDERTAKER (ADDRESS) Fendler Undertaking Co. 7420 Michgan Ave

20. FILED JUL 1 1937, 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Attending Physician

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:45 A.M.

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

	Date of onset
General peritonitis	
following ruptured	
appendix	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

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.