

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. **791**  
Township St. Louis Primary Registration District No. **1003**  
City St. Louis (No. Mo. Baptist Hosp) St. Ward (If nonresident, give city or town and State)

File No. 29063  
100  
Registered No. **7696**

2. FULL NAME

Jane Calbert Lausche  
(a) Residence No. Troy Ross St. Mo. Ward. Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Lausche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1931

7. AGE YEARS 5 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

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

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

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) Hawk Point, Missouri

13. NAME Charles O. Lausche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawk Point, Missouri

15. MAIDEN NAME Bertrude Calbert

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

17. INFORMANT (ADDRESS) Charles O. Lausche

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo. DATE Aug 14, 1937

19. UNDERTAKER (ADDRESS) John P. Collins

20. FILER AUG 16 1937 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1937, to Aug. 14, 1937  
I last saw him alive on Aug. 14, 1937. Death is said to have occurred on the date stated above, at 9:45 m.

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

atelectasis of lungs Date of onset 8-14-37

542  
Other contributory causes of importance: non alignment  
Cystic Lung Right  
Kidney (Congenital)  
no stones

Name of operation Nephrectomy Date of 8-19-37  
What test confirmed diagnosis? clinical 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.  
(Signed) John W. McDonald, M. D.  
(Address) 534 N. Grand

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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