

DEC 13 1937

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

39917

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **10904**
 (c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lena Lauter**

(a) Residence, No. **4249a Juniata** St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **June 1 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 70 5 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**
 9. Industry or business in which work was done, as 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) **Quincy Ill.**

13. NAME **Philip Lauter**

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

15. MAIDEN NAME **Louise Fuchs**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Emil Lauter**
 (ADDRESS) **4249 a Juniata St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Nov. 27 1937**

19. FUNERAL DIRECTOR **Wm. Schumacher**
 (ADDRESS) **3013 Meramec St.**

20. FILED **NOV 26 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 29, 1937** to **Nov 24, 1937**
 I last saw her alive on **Nov 28, 1937** Death is said to have occurred on the date stated above, at **7:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 8/29/37
Arterio Sclerosis 2

Other contributory causes of importance:

Name of operation **none** Date of
 What test confirmed diagnosis **Usual** Was there an autopsy?

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) **William Braron** M. D.
 (Address) **3601 S Jefferson**

(Licensed Embalmer's Statement on Reverse Side)

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.

OCCUPATION
 FATHER
 MOTHER

8772

2

1 X12004

36018
3 P.M.

STATEMENT BY LICENSED EMBALMER

I, Clarence Kochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence Kochow
Licensed Embalmer No. 3093

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)