

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 161

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town FARMINGTON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 yrs
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME BENJMIN I. LAUCK 207

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased FEAR 18 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Scott County MO.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business —

12. Name Barney G. Lauck

13. Birthplace PERRY MO
(City, town, or county) (State or foreign country)

14. Maiden name SYBILLA DUMLEY

15. Birthplace SCOTT County MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis A. Lauck

(b) Address 4478 Benson St. Lake MO

17. (a) Burial (b) Date thereof Oct 1 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville MO

18. (a) Signature of funeral director Ed Young

(b) Address Perryville MO

19. (a) Sept 30 39 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington MO RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury
Verdict came to his death
by Drowning in St. Francois River

Duration

Due to While fishing in River

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 29 1939

(c) Where did injury occur? St. Francois River
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

(Specify type of place) _____
While at work? fishing (e) Means of injury —

23. Signature Geo Diemer coroner (M.D. or other)

Address Polar River MO. Date signed 9-30-39

RECORDING DEPARTMENT - MAKE 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.

2/25/51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Boone Tenn

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

33424
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City State Hoop (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin S. Lauer
 (a) Residence, No. _____ St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 6 10

OCCUPATION

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

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1937

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

I last saw h. _____ alive _____, 19____. Death is said to have occurred on the date stated above, at _____ in _____.

The principal cause of death and related causes of importance were as follows:
Cardiac myopathy
came to his death on
drowning in St. Francois
River while fishing in
river

Other contributory causes of importance:
No Boat

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Jas. Diemer M. D.
 (Address) Flat River Ind

SUPPLEMENT

N. H. - Give full name of informant, and be carefully supplied. AGE etc. will be stated exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, and that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar

