

JAN 12 1940

791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008

- (a) County St. Louis  
 (b) City or town Bel Nor  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Lukes Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 days  
 In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Ida Lautenschlager3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Fred Lautenschlager 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased February 24, 1887  
(Month) (Day) (Year)8. AGE: Years 52 Months 9 Days 11 If less than one day hr. min.9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Oswald E Bever13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Ida Wartenburg  
(City, town, or county) (State or foreign country)15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Fred Lautenschlager(b) Address 3018 Hatherly Dr.17. (a) Burial (b) Date thereof 12/8/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) DEC 8 1939 (b) [Signature]  
(Date received local registrar) (Registrar's Signature)2. USUAL RESIDENCE OF DECEASED: 1

- (a) State Missouri (b) County St. Louis  
 (c) City or town Bel Nor (If outside city or town limits, write "RURAL") NR  
 (d) Street No. 3018 Hatherly Dr.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1939 hour 12:15 AM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Nov. 23, 1939, to Dec. 5, 1939  
that I last saw her alive on Dec. 5, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Adeno-Carcinoma of body of uterus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Adrenitis

(Include pregnancy within 3 months of death)

Major findings: result of blockageOf operations of uterus byOf autopsy Adeno-Carcinoma of

uterus

Duration \_\_\_\_\_

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) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Fred V. Emmert (M. D. or other) \_\_\_\_\_  
Address 713 Metropolitan Bldg Date signed 12-7-39

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.)**

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