

D. 2
3-40
7-39
K23159

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Good Samaritan Home.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30** years, months or days (Specify whether)

In this community **50 Years.** years, months or days

3. (a) PRINT FULL NAME **Frederick Lauber.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**

6. (b) Name of husband or wife **Late Christine Lauber.** 6. (c) Age of husband or wife if alive **Unknown.** years

7. Birth date of deceased **October 20th, 1864.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	5	hr. 6 min.

9. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business _____

12. Name **David Lauber.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Kainem.**

(b) Address **4529 Red Bud Ave.**

17. (a) **Burial** (b) Date thereof **10-28-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns cem.**

18. (a) Signature of funeral director **H. J. Leimer and co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **OCT 27 1940** (b) **J. B. Dudich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____

(c) City or town **St. Louis.** 12
(If outside city or town limits, write "RURAL")

(d) Street No. **4500 Washington Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **50 Years.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **25** year **1940** hour **9** minute **25** a.m.

21. I hereby certify that I attended the deceased from **Oct 7**, 19**40**, to **Oct 25**, 19**40**, that I last saw him alive on **Oct 24**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**

Due to _____

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) _____

(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 **H. F. Bergman** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **10/26/40**

Dr. Benjamin J. Washington
Je. 6. 20. 4. 830-10

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, fact should be so stated above.