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DEPARTMENT OF COMMERCE
BUREAU OF THE REGISTERS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8892**

Registration District No. **791** Primary Registration District No. **1003**

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

PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Louise Lais**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Late William Lais** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 9th 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **George Born**

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

14. Maiden name **Emma Ziel**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Fred Bokermann**
(b) Address **4667 Lee Ave.**

17. (a) **Burial** (b) Date thereof **10-29-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **OCT 29 1940** (b) **J. B. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County _____
(c) City or town **St. Louis 18**
(If outside city or town limits, write "RURAL")
(d) Street No. **4235 Gibson Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **26th**
year **1940** hour **2:20** minute **P.M.** M.
21. I hereby certify that I attended the deceased from **Sept 21**
19 **40** to **Oct 26**, 19 **40**
that I last saw her alive on **Oct 25**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Gangrene R foot insidably
Due to **Arterio Sclerosis and diabetes mel.**
Due to **Edema of senility**
Other conditions **57 yrs**
(include pregnancy within 3 months of death)
Major findings: **not operated**
Of operations _____
Of autopsy **not made**
Duration **about 3 yrs**
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) **no**
(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?

23. Signature **W. T. Higashi** (Specify type of place) _____
While at work? **X** (c) Means of injury _____
Address **3500 N. Grand** (M. D. or other) **M.D.**
Date signed **10/28/40**

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Oct. 8192

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 *Reinhold N. Lehman*

Licensed Embalmer No. *3395*

P. O. Address.....

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.