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FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36357

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2067

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 801 Dammert ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether

In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 801 Dammert ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 49 yrs. years.

3. (a) PRINT FULL NAME Joseph Laschke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie

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

7. Birth date of deceased November (Month) 25 (Day) 1876 (Year)

8. AGE: Years 63 Months 11 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Cooper 6

11. Industry or business Himself 6

FATHER
12. Name Joseph Laschke 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Armond Laschke

(b) Address 801 Dammert ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister N.H.L. Co.

(b) Address 7814 S. Broadway

19. (a) NOV 5 1940 (Date received local registrar) (b) P. R. Meyer M.D. Dep. Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1940 hour 4 minute 20 a. M.

21. I hereby certify that I attended the deceased from June, 1937, to Nov 3, 1940; that I last saw him alive on Oct - 31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles Ehlers (M. D. or other) M.D.

Address 7201 S. Broadway Date signed 11-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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

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