. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36782

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9055

FILED DEC 1 1940

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: ST. LOUIS
(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 ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 0

(c) City or town: ST. LOUIS 17
(If outside city or town limits write "RURAL")

(d) Street No.: 1907 LONGFELLOW BLV.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 43. years.

3. (a) PRINT FULL NAME: GEORGE L. LAUTH.

3. (b) If veteran, name war: NO.

3. (c) Social Security No.: 488-10-845

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: JOHANNA LAUTH

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: MAY (Month) 29 (Day) 1872 (Year)

8. AGE: Years 68 Months 5 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation: VICE PRESIDENT

11. Industry or business: HEIL PACKING CO. 6

MOTHER FATHER

12. Name: AUGUST LAUTH

13. Birthplace: GERMANY (City, town, or county) 6 (State or foreign country)

14. Maiden name: CAROLINE ?

15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: Johanna Lauth.

(b) Address: 1907 Longfellow Blv.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof: NOV. 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director: E. J. Schnur.

(b) Address: 3125 Lafayette av.

19. (a) NOV 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1 year 1940 hour 8 minute ____ P.M.

21. I hereby certify that I attended the deceased from July 2, 1936, to Nov. 1, 1940, that I last saw him alive on Nov. 1, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary edema	1/4 hour
Due to: acute cardiac dilitation	1/4 hour
Due to: general arteriosclerosis	4 yrs
Other conditions (Include pregnancy within 3 months of death): duodenal ulcer	

Major findings:
Of operations: none
Of autopsy: no

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: Milton Lawrence Hedeman, M. D. or other

Address: 373 Metropolitan Bldg. St. Louis, Mo. Date signed: 11-2-40

(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 Jos B Vollmer

Licensed Embalmer No. 4614

P. O. Address 325 Lafayette Ave

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.