

FILED FEB 24 1942
Registration District No. _____

Primary Registration District No. 1003

100,000
1942
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. 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:
4019 Dover Pl.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4019 Dover Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cornelia (Nellie) Laux

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 Married

6. (b) Name of husband or wife Frank Laux 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 23rd 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 14 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 Rev. Henry Naumann

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

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

16. (a) Informant Vernon Laux
(b) Address 4019 Dover Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-42
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
Kriegshauser Mortuaries

18. (a) Signature of funeral director _____
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 7 1942 (Date received local registrar) J. F. Bredegg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1941 to Jan 6 1942
that I last saw her alive on Jan 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & arteriosclerosis - Encephalomalacia

Duration several years, several months

Due to _____
Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Several months

Major findings:
Of operations 2
Of autopsy none

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? _____

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

23. Signature Wm. J. Hawn M.D. (M. D. or other) _____
Address 3804 W. Livingston Date signed 1/6/42

Mr. Watawa
3886
Wilmingford Ave
No. 7224
9-4-30

OCT 9 1944

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 A. Lehmann
Licensed Embalmer No. 3395

P. O. Address.....

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, fact should be so stated above.