

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 4444a Randell Pl.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

8. (a) PRINT FULL NAME Kunigunda Lauterbach

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Lauterbach
6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased April 21st. 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 23 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
12. Name ? Schneider

18. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't know
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant anna Priede
(b) Address 4444a Randell Pl.

17. (a) Burial (b) Date thereof 2-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) FEB 16 1942 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County _____
(c) City or town St. Louis
(d) Street No. 4444a Randell Pl.
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 14th.
year 1942 hour 12.45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac apoplexy
Due to _____

Due to SB

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AMV
Of autopsy (10)

Duration

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of place) _____
(c) Means of injury 3
23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 2/16/42

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.