

FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12816

State File No.

4045

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
6128 Carlsbad
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 50 yrs.
years, months or days

3. (a) PRINT FULL NAME Mary Lauermann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Feb. 15 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 21 If less than one day
hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Klapect
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Stutko
 (b) Address 6128 Carlsbad
 17. (a) Burial (b) Date thereof 5-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Zuginshen & Son
 (b) Address 7027 Gravois
 19. (a) MAY 7 1942 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
7
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6128 Carlsbad
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 2/26, 1942, to 5/6, 1942
 that I last saw her alive on 5/6 and that death occurred on the date and hour stated above.

Immediate cause of death _____

General Carcinomatosis?
Primary sites unknown

Other conditions (include pregnancy within 3 months of death) 55

Major findings: Of operations 55

Of autopsy _____

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 5

23. Signature Halchmeyer (M. D. or other) 5
 Address 6814 Gravois Date signed 5/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed.....

E. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Strauss

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.