

FILED MAY 7 1942

1005

Registration District No.

Primary Registration District 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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Since Birth (Specify whether
In this community Since Birth
years, months or days)

3. (a) PRINT FULL NAME. GEORGE B. LAUFER

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. Frances M. (nee Pohlman) 6. (c) Age of husband or wife if alive. 27 years

7. Birth date of deceased. Dec. 28, 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 29 If less than one day
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. President

11. Industry or business. Royal Bond, Inc

12. Name. Charles P. Laufer

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Kleekamp

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Frances M. Laufer

(b) Address. Highway 99 & New Jamestown Rd

17. (a) Burial (b) Date thereof. 4/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Math. Harmann & Son

(b) Address. 2161 East Fair Avenue

19. (a) APR 20 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 96
(c) City or town. Florissant NR-10
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 99 & New Jamestown Rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 11 minute 05 PM

21. I hereby certify that I attended the deceased from Oct 14
1941 to April 26, 1942
that I last saw him live on April 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial infarction
(Hypertension)

Due to.

Due to.

Other conditions. 55
(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)

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 0

23. Signature. Emmett L. Lewis (M. D. or other) M.D.

Address. 705 - Olive St. Date signed 4-29-42

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

MOTHER FATHER

10

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 *William G. Buchholz*
Licensed Embalmer No. *3460*
P. O. Address *St. Louis Mo*

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.