S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 476

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 764

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2911A Greer Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 Yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2911A Greer Ave. 10
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME H.F. Edward Laumann

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-3573

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hulda

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June (Month) 2 (Day) 1875 (Year)

8. AGE: Years 67 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cashier

11. Industry or business Kennard Carpet Co.

FATHER
12. Name Adam H. Laumann
13. Birthplace Unknowny (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Prante
15. Birthplace St. Charles Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Hulda Laumann
(b) Address 2911 Greer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Biedermeier Funeral Home
(b) Address 1936 St Louis Ave

19. (a) JAN 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day ~~16~~ 24 year 1943 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 5.19.41, 1941, to 1.15-, 1943 that I last saw him alive on 1.15.43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Ulcer Hem.	1.6.43
Due to Rectal Cancer	5.19.41
Due to Colostomy Oper.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Rectal Cancer	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward Lewis (M. D. or other)

Address 3720 Washington Date signed 1.18.43

(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 Felix J. Kruspin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.