

FILED FEB 23 1943  
Registration District No. 318

Primary Registration District No. ....

Registrar's No. 1387

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:  
6539 Smiley /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None (Specify whether  
In this community 60 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6539 Smiley  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARGUERITE LACHMUND

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced, widowed  
6. (b) Name of husband or wife Gustave 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Aug. 30th 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 9 ..hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Unknown  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Bertha Dorton

(b) Address 6544 Smiley

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director D. H. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) FEB 11 1943 (Date received by local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th  
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Nov 2 - 1942 to Feb 9th 1943  
that I last saw her alive on Feb 8th and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Indefinite  
Hypertension Indefinite  
Due to Ch. Interstitial nephritis Indefinite  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
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.....  
23. Signature D. W. May, M.D. (M.D. or other) MD  
Address 3201 Swanton Date signed 2-12-43

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

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**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 L. B. Cooper

Licensed Embalmer No. 3639

P. O. Address 2317 Lafayette

**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.**