

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Council Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Yr. 8 Mo. 10 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6825 Nat. Bridge Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise Lassen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles F. Lassen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 13, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 3 11 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Peter Merkel  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Sophia Kegel  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. H. Vogt  
(b) Address 89 Aberdeen Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. J. Kron Funeral Home  
(b) Address 4911 Washington Blvd.

19. (a) JUN 4 1943 (Date received local report) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day June  
year 1943 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7/5/43  
19. to 6/2/43 19. ;  
that I last saw him alive on 6/2/43 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Central thrombosis Duration 2 mo

Due to arterio sclerosis ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] 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?

Home (Specify type of place)  
What at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Number 2 Body Date signed 6/5/43

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 *Thomas K. Fenwick*.....

Licensed Embalmer No. *3793*.....

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.**