

FILED MAR 6 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 519

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution: 317 N. Woodlawn 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 317 N. Woodlawn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Lauber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1944 hour 9 minute 45 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Fannie Lauber

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 14 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 27 1943 to Feb. 26 1944
that I last saw him alive on Feb. 26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

90 8 12 hr. _____ min.

Immediate cause of death Myocarditis Duration 2 yrs

Due to _____

Due to _____

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

10. Usual occupation Retail

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 93d

MOTHER FATHER

11. Industry or business _____

12. Name David Lauber

13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

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? _____

16. (a) Informant Martha C. Lauber

(b) Address 317 N. Woodlawn, Kirkwood

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Louis McOpp In

(b) Address Kirkwood, Mo

19. (a) FEB 29 1944 (b) E. J. McEvan, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. McEvan (M. D. or other) M.D.

Address Kirkwood, Mo. Date signed 2-26-44

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

26
5
3

101

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 Durand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 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.