

No. 2  
2-43  
17-39  
X35697

FILED SEP 30 1944

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8129

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: Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7420 Zepher Place  
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur Henry Lauenstein

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20  
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mamie Mueller

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 30, 1882  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia;  
Fracture of left leg when he was struck by an automobile, driver unknown which did not stop, while standing in a safety zone about 20 feet north of Chouteau Avenue on 18th St. around 5:45 A.M. Sept. 14, 1944.

Other conditions HOMICIDE AT THE HAND OF PARTY UNKNOWN  
(Include necessary within 3 months of death)

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

10. Usual occupation Railway Mail Clerk

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

12. Name August Lauenstein

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

14. Maiden name Hannah Bewig

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mamie Lauenstein

(b) Address 7420 Zepher Place

17. (a) Burial (b) Date thereof 9/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion's Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Sept. 14, 1944

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place  
(Specify type of place)

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) SEP 22 1944 (b) J. F. Bredel  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e). Means of injury \_\_\_\_\_

23. Signature James F. ...  
Address 1800 E. ... Date signed 9/21/44

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

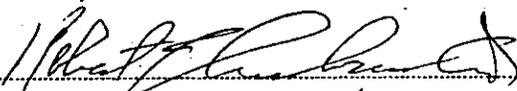
462  
20  
17  
9

96  
NR-5  
NR-3

MOTHER FATHER

**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.....   
Licensed Embalmer No..... 1994  
P. O. Address.....

**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.**