

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
FILED JUN 7 1945

State File No. 18147  
Registrar's No. 1057

Registration District No. 317  
Primary Registration District No. 6076

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5470 Hamilton Ave. Jennings, Mo.  
(d) Length of stay: In hospital or institution. None

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5470 Hamilton Ave.  
(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME William Lanfersieck  
(b) If veteran, name war None  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 1st year 1945 hour 9:25 AM minute  
21. I hereby certify that I attended the deceased from April 27 to May 1, 1945  
that I last saw him alive on April 29, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 6  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Lanfersieck nee Fricke  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased June 3, 1880

Immediate cause of death  
Cerebral  
Industrial Obstruction  
Due to Cerebral of Jervis  
Duration Chronic 1 week  
Chronic

8. AGE: Years Months Days If less than one day  
64 10 23 hr. min.

9. Birthplace St. Louis Mo.

10. Usual occupation Maintenance Man

11. Industry or business Industrial Aid.

MOTHER FATHER  
12. Name William Lanfersieck  
13. Birthplace Alcasce Lorraine  
14. Maiden name Louise Feldmann  
15. Birthplace St. Louis Mo.

Other conditions  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Lanfersieck  
(b) Address 5470 Hamilton Ave

17. (a) Burial (b) Date thereof 5/4/45  
(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) MAY 3 1945 (b) E. B. Mc...  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury  
Date signed 5/2/45

**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 *Gustav W. Dietz*

Licensed Embalmer No. *4329*

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.