

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11353

File No. _____

FILED MAR 27 1946 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 2225

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4608 Newport
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (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. 4608 Newport
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bridget L Lauser
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 5
year 1946 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 15
1946 to March 5, 1946
that I last saw he alive on March 4, 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Rudolph Lauser
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 97

7. Birth date of deceased 7 7 1870
(Month) (Day) (Year)
8. AGE: Years 75 Months 7 Days 28
If less than one day hr. _____ min. _____

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

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name John O'Keefe
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Boyle
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Schilling
(b) Address 4608 Newport, St. Louis, Missouri
17. (a) Burial (b) Date thereof 3-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director C. HOFFMEISTER
(b) Address 6464 Chippewa, St. Louis, Missouri
MAR 7 1946 J. D. Brudeck
Registrar (Registrar's signature)

23. Signature E. M. ... (M. D. or other) _____
Address 579 Virginia Date signed 3/7/46

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

10265

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.