

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1947

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2106 Lovers Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME Virginia Marie Lau

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Gustva A. Lau 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 27 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Dec 28 - 1946 to Jan - 2 - 1947
that I last saw her alive on Jan - 1 - 1947 and that death occurred on the date and hour stated above.

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

4 44 0 5 hr. min.

Immediate cause of death Central Haemorrhage Duration 4 days

Due to Arterial Hypertension several years

Due to _____

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

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: g3A

Of operations _____

Of autopsy _____

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

MOTHER FATHER { 11. Industry or business _____

12. Name William Hund

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

14. Maiden name Amelia Haefeli

15. Birthplace St. Joseph Missouri
(City, town, or county) (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 Dr. B. H. Law

(b) Address 2106 Lovers Lane, St. Joseph, Missouri

17. (c) Burial (b) Date thereof 1 / 4 / 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

23. Signature T. H. Gooden (M. D. or other) M.D.
Address 620 Tanager St Date signed 1-2-47

18. (a) Signature of funeral director Katter Meierhoff

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 1-7-47 (b) G. S. Jenkins
(Date received local registrar) (Registrar of a signature)

FEB 21 1941

FEB 7 1941

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.