S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

Registration District No. #70477 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15363

Registrar's No. 4441

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 Missouri (b) County 0 00

(c) City or town St. Louis, 1 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6101 Louisiania 9
Memorial (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HARRIETTE LAUCHSTAEDT

3. (b) If veteran, name war None

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 Wm. Lauchstaedt

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

7. Birth date of deceased March 29, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	1	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Joseph P. Prichard 0
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Gillham
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. Lauchstaedt
(b) Address 6101 Louisiana

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director SouthernFuneralHome
(b) Address 6322 S. Grand Blvd.

19. (a) MAY 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1947 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 4/19/47
, 19 , to April 30th, 1947
that I last saw her alive on April 30th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from left lentiuc striate artery	12 days
Due to arteriosclerosis	year
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	years

Major findings:
Of operations 61
Of autopsy Denied

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

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. C. Street 1515 Lafayette (M.D.) 4/30/47
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1957

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 J. W. Bentley

Licensed Embalmer No. 3653

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.