No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19066
Registrar's No. 5030

Registration District No. 318 Primary Registration District No. 1003

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: City Hospital #1
(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

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. 916 LaSalle St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otto J. Lassauer
3. (b) If veteran, name war *******
3. (c) Social Security No. 498-07-7427
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 19 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	28	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Alco Trucking Co
FATHER
12. Name John A. Lassauer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Philippnia Irion
15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant Bernice Gehrels
(b) Address 4229 A. Hartford St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) MAY 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 17th day May year 1947 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from December 20th, 1946, to May 17th, 1947, that I last saw alive on March 11th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Chronic Valvular heart disease	
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature John G. Konzelman (M. D. or other)
Address 1677 Delmar Blvd Date signed 5/19/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Konzelman
6677 Delmar Blvd
CA 0521

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.