S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32723

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 8454

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: 6739 Arthur Ave.
(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 Mo. (b) County 60-0

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

(d) Street No. 6739 Arthur Ave. 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No) 3

If yes, name country

3. (a) PRINT FULL NAME P. LEWIS LAUFER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife June

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. (Month) 1 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
60	11	4	hr. min.

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

10. Usual occupation Loan Business

11. Industry or business For Self

FATHER
12. Name Peter L. Laufer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Truelsen
15. Birthplace Copenhagen (City, town, or county) Denmark (State or foreign country)

16. (a) Informant June Laufer
(b) Address 6739 Arthur Ave.

17. (a) Removal (Rail) (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Bielecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 5 year 1947 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1945, 19..., to Sept 5 1947 that I last saw h. alive on Sept 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary embolism	½ hr
Due to Heat prostration	3 wks.
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 D. L. Johnson (M. D. or other) M.D.
Address 2801 Chippewa Date signed 9-5-47

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

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

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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.