

FILED DEC 15 1947

318

Registration District No.

1003

Registrar's No. 11249

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: Christian Hospital
(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: Mo. (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5229 Terry Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bertha L. Lauda

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Thomas Lauda 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 10 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 26 hr. min.

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

10. Usual occupation: Home

11. Industry or business:

12. Name: Charles H. Miller
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Abbie Herring
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Calvin Tl Lauda
(b) Address: 5229 Terry Ave.

17. (a) Burial (b) Date thereof: 12-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) DEC 9 1947 (b) J. T. Breuck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 6
year: 1947 hour: 5 minute: P.M.

21. I hereby certify that I attended the deceased from 11-30-47
~~11-27-47~~ 19. to 12-6-47 19. ;
that I last saw her alive on 12-6 19. 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephro Sclerosis
and
Myocarditis 6 mo

Due to:
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: Geo. A. Mellis (M. D. or other)
Address: 2739 N. Grand Date signed: 12-8-47

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

MOTHER FATHER

3820 N. 20th. St.,
9 to 10
2739 Grand -
Fr. 3820

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. Thompson Jr*
Licensed Embalmer No. *42637*
P. O. Address *St. Louis*

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.