S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2762

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 626

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

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: 2911a Greer Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oao
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 10 2911a Greer Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hulda Laumann
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife H. F. Edward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 6 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	14	hr. min.

9. Birthplace Hobart (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Phillip Fritze
13. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name Emily Grosse
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. H. N. Miller Daughter
(b) Address 2915 Greer Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1948 hour 2:15 minute P M.
21. I hereby certify that I attended the deceased from Nov 1947 to Jan 20 1948;
that I last saw her alive on Jan 20 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Hypertensive Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 94
Major findings:
Of operations
Of autopsy

Duration

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 A H Sewing (M. D. or other) M D
Address 2342 St Louis Av Date signed 6/21/48

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

MAR 15 1949

Dr. A. H. Sewing
2542 St. Louis Ave.
Cd 2013

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 Glen W. Hall

Licensed Embalmer No. 3737

P. O. Address 1936 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.