

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: Jewish 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)

3. (a) PRINT FULL NAME Joann E. Lauda

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..... Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... Dec. 27 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>7</u>	br. min.

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

10. Usual occupation..... Infant

11. Industry or business.....

12. Name Joseph L. Lauda

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

14. Maiden name Aileen R. Krause

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

16. (a) Informant Mr. Joseph L. Lauda

(b) Address..... 3707 Palm St.

17. (a) Burial (b) Date thereof..... 2/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery Provost Und. Co.

18. (a) Signature of funeral director..... 3710 N. Grand Blvd.

(b) Address.....

19. (a) Date received local registrar..... FEB 5 1948 (b) J. F. Bressert
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No. 3707 Palm
10 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1948 3:15 minute 00 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Copied lymphatic tissue

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 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) Nature of injury..... 3

23. Signature..... Alfred P. Perry (M. D. or other)

Address..... Expts. Ctr. Date signed..... 2/5/48

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 Mayfield

Licensed Embalmer No. 3077

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.