FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6633
2140

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

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: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/26/46 to 2/29/48 (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.: 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: KATHERINE LAUTERBACH
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: Widow
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: Oct. (Month) 19 (Day) 186~~4~~ (Year)

8. AGE: Years 83 ~~84~~ Months 4 Days 10 If less than one day hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)
10. Usual occupation: Nil
11. Industry or business

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: City Infirmary Records
(b) Address: 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Old St. Marcus
18. (a) Signature of funeral director: Wacker-Helderle
(b) Address: 3634 Gravois Ave.
19. (a) MAR 2 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1948 hour 7 minute 48 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947 to Feb. 29, 1948 that I last saw her alive on Feb. 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertensive Cardiovascular disease	
Due to: Hypertensive encephalopathy	
Due to: Infected decubiti	
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: Warren C. Ferris (M. D. ~~or other~~)
Address: 5600 Arsenal Date signed 3-1-48

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

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

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.....

Licensed Embalmer No. 2645

P. O. Address. St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.