S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14345

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3776

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2mos 23das (Specify whether
In this community 50 years years, months or days)

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. 2641 a Armand Pl.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET LAUER
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 Gustav
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2 1866 (Month) (Day) (Year)
8. AGE: Years 82 Months Days 17 If less than one day hr. min.
9. Birthplace New Athens (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ---
FATHER
12. Name Carl Hinterholzer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christine Streubbe
15. Birthplace New Athens (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Helena Bingler
(b) Address 5400 Arsenal St
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.
19. (a) APR 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19 year 1948 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from January 26, 1948 to April 19, 1948 and that death occurred on the date and hour stated above.
I last saw her alive on April 19, 1948

	Duration
Immediate cause of death	
Arteriosclerotic Heart Disease	1948x
Senility	1948x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
No.	
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 J. Schlenker (M. D. or other)
Address 5400 Arsenal St. Date signed

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.