S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1948

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15934

Primary Registration District No. 3020

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 30

(c) City or town Washington (If outside city or town limits, write "RURAL") 6

(d) Street No. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME David H. Lause

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

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

7. Birth date of deceased May (Month) 20 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER

12. Name Felix Lause

13. Birthplace Krakow (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Irene Beste

15. Birthplace Krakow (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Felix Lause

(b) Address Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Mo.

18. (a) Signature of funeral director Harlan Johnson

(b) Address Union, Mo.

19. (a) 5-24-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 05:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 20, 1948, to May 23, 1948 that I last saw him alive on May 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to Detachment of Placenta	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 159
Of autopsy

PHYSICIAN

Underline the cause to 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 Herbert H. Schmidt (M. D. or other) MD

Address Marthasville Mo Date signed 5-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JUN 1 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Body was not Embalmed.

Signed. Harlan A. Johannabel

Licensed Embalmer No. 4488

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.