#86325

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24464

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6679

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 69 years

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. 4440 Margaretta Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA LANFERSIECK
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 Married
6. (b) Name of husband or wife Otto H. Lanfersieck, Sr
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 28, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	0	1	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ---------
MOTHER FATHER
12. Name Louis F. Tebeau
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sophia Hoffman
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Otto H. Lanfersieck, Sr
(b) Address 4440 Margaretta Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director H. A. Stock
(b) Address 2117 E. Grand Blvd.
19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1948 hour 2 minute 55 A. M.
21. I hereby certify that I attended the deceased from 5/29/48, 19..., to July 29th, 1948 that I last saw her alive on July 29th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac decompensation	
Due to Arteriosclerotic heart disease	
Due to	
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? (c) Means of injury
23. Signature M. Amy (M.D. or other)
Address 1515 Lafayette Date signed 7/29/48

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.....Elmo R. Padwell

Licensed Embalmer No.....4077

P. O. Address.....

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.