

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24468**
Registrar's No. **6862**

Registration District No. **318**

Primary Registration District No. **1003**

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: **Deaconess Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1 day**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Julius Laschinger**
3. (b) If veteran, **No** name war.....
3. (c) Social Security No. **Yes**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Bertha Laschinger** 6. (c) Age of husband or wife if alive..... **58** years
7. Birth date of deceased: **June 28th 1890**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **6** If less than one day
hr. min.

9. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Broker**

11. Industry or business..... **Own Business**
Julius Laschinger

12. Name..... **Germany**

13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Bertha Schumacher**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Bertha Laschinger**

(b) Address..... **1615 Putman, Brooklyn, N. Y.**

17. (a)..... **Cremation** (b) Date thereof..... **Aug 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Missouri Crematory**

18. (a) Signature of funeral director..... **C. Hoffmeister Colonial Mortuary**

(b) Address..... **6464 Chippewa St.**

19. (a) **AUG 5 - 1948** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **New York** (b) County..... **999**
(c) City or town..... **Brooklyn** (If outside city or town limits, write "RURAL")
(d) Street No. **1615 Putman** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4**
year **1948** hour **4:30** minute **1** A.M.

21. I hereby certify that I attended the deceased from **Aug 5**
3 to **Aug 4** 19 **48**
that I last saw him alive on **Aug 4** 19 **48**
and that death occurred on the date and hour stated above.
Immediate cause of death..... **Cerebral Congestion**
+ Edema.

Due to..... **Arteriosclerosis generalized.**
Heart old Cerebral hemorrhage
RT.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:.....
Of operations.....

Of autopsy..... **as above**

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..... **Lorne T. Goege** (M. D. or other) **M.D.**

Address..... **5352 20th Avenue** Date signed..... **8-4-48**

Duration
12 hrs.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Dr. Goerger
5352a 1Devonshire

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.....

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.