

FILED OCT 18 1948 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8612

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:  
St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anton Lachenicht

3. (b) If veteran, name war \*\*\*\*\*  
3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria  
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 27th, 1902  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 4  
If less than one day hr. min. 7

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

10. Usual occupation Proprietor

11. Industry or business Restaurant

12. Name Bernard Lachenicht

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

14. Maiden name Wilhelmina Sundermann

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

16. (a) Informant Maria Lachenicht

(b) Address 3421 Connecticut St

17. (a) Burial (b) Date thereof 9-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Diegenheim Bros

(b) Address 6409 Gravois Ave

19. (a) OCT 4 1948 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3421 Connecticut St  
(If rural, give location)  
(e) Citizen of foreign country? 16 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day October  
year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1948 to Oct 1, 1948  
that I last saw him alive on Oct 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to

Due to Heart  
Other conditions wound  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations None  
Of autopsy 204

Duration

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 June  
(c) Where did injury occur? June  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury DD  
23. Signature S.H. Maizus (M. D. or other)  
Address 3606 Gravois Ave Date signed

S.H. Maizus

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

3606 GRAVOIS AVE

8612

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**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 *Henry M. Brunner*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

**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.**