FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42166

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (in this place) 15 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peruque, Mo. rural, Dardenne
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lauritzen c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1949

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widdowed
8. DATE OF BIRTH April 1, 1869
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mike Jaeger
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR ~~WIFE~~ Peter Lauritzen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Basil Lauritzen, O'Fallon, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac decompensation	12-14-49
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	fracture of right hip (femur)	12-12-49
DUE TO (c)	fracture of right humerus	12-12-49
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	generalized arteriosclerosis	10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Carmelite Home
21c. (CITY, TOWN, OR TOWNSHIP) St Charles (COUNTY) St Charles (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 12 49 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell on floor E905 D

22. *I hereby certify that I attended the deceased from* 12/12, 1949, *to* 12/16, 1949, *that I last saw the deceased alive on* 12/16, 1949, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE George Exister (Degree or title) MD
23b. ADDRESS St Charles Mo
23c. DATE SIGNED 12-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-19-49
24c. NAME OF CEMETERY OR CREMATORY Mount Zion
24d. LOCATION (City, town, or county) O'Fallon, Mo. (State)

DATE REC'D BY LOCAL REG. 12-23-49
REGISTRAR'S SIGNATURE Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE Geo. Steifrater ADDRESS St. Peters, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 27 1949
District Health Officer No. 9,
District File Number

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 ..... Student Embalmer No. .....

working under my personal supervision.

Signed E. A. Keithley

Signed .....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address Fulton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.