

No. 300
10.48

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25647

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 173a

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
c. LENGTH OF STAY (in this place)		4300	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6338 Derby Ave.,		d. STREET ADDRESS (If rural, give location) 6338 Derby Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) P.	c. (Last) LAUER.	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950.
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5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 5, 1868.	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith	11. BIRTHPLACE (State or foreign country): Weldon Springs, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.
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13a. FATHER'S NAME: Andrew Lauer	13b. MOTHER'S MAIDEN NAME: Don't Know	14. NAME OF HUSBAND OR WIFE: Sarah Lauer Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 489-18-1057.	17. INFORMANT'S SIGNATURE OR NAME: Hazel Lauer	ADDRESS: 6338 Derby Ave.,
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 443X
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 7/12/50 10:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/2 - 1948 till death**, that I last saw the deceased alive on **6/28, 1950**, and that death occurred at **8:45 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Anthony F. Caravelli M.D.	23b. ADDRESS: 634 No. Grand.	23c. DATE SIGNED: 7/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 19/50.	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State): Weldon Springs, Mo.
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DATE REC'D BY LOCAL REG. 7-17-50	REGISTRAR'S SIGNATURE: Herbert R. Blonder	25. FUNERAL DIRECTOR'S SIGNATURE: Jos. W. Clark	ADDRESS: 1125 Hodiament Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Dr. G.F. Caraveil, Jr.,
Mo. Ther. Bldg.,
JE. 8620 1-12-30 P.M.

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 ME

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

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.