

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32040**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 2276	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 48 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		4130	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 7425 Chandler			
3. NAME OF DECEASED (Type or Print)		a. (First) ARTHUR		b. (Middle)		c. (Last) LAUTNER	
4. DATE OF DEATH		(Month) Sept.		(Day) 22		(Year) 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2		8. DATE OF BIRTH March 9, 1889	
9. AGE (In years last birthday) 61		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) Machinist Foreman				10b. KIND OF BUSINESS OR INDUSTRY Barry Wehmiller		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, D	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Arthur H. Lautner		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE deceased				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. no				17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Rovston 7425 Chandler			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 445Y			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW'DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-21-1950 , to 9-22-1950 , that I last saw the deceased alive on 9-22-1950 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. Smith, Jr.				23b. ADDRESS M.D. 601 BRENTWOOD, CLAYTON		23c. DATE SIGNED 9-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 9-24-50		REGISTRAR'S SIGNATURE Herbert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.			
				ADDRESS 2161 E. Fair Ave.			

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Thomas W. Drity*.....

Licensed Embalmer No. *38820*.....

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.