

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16493

FILED MAY 9 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1267

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>FERGUSON,</b>		c. LENGTH OF STAY (in this place) <b>15 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>537 CALVERTON ROAD.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson, ?</b> <b>4049</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		d. STREET ADDRESS (If rural, give location) <b>537 Calverton Road 0</b>	
b. (Middle) <b>ARTHUR</b>		c. (Last) <b>LAUMANN.</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1953</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 28, 1875</b>		9. AGE (In years last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>*Self-employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Laumann.</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Buschman</b>	
14. NAMES OF HUSBAND OR WIFE <b>Anna Schulte Laumann.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna S. Laumann, Ferguson, Mo.</b>	
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aortic Aneurysm</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture of aortic aneurysm</b> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4211</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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 <b>14 Nov., 1951</b> , to <b>28 April, 1953</b> , that I last saw the deceased alive on <b>27 April, 1953</b> , and that death occurred at <b>2: A.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Luke A. Knesel, M.D.</b> (Degree or title)		23b. ADDRESS <b>1506 Hodisumont Ave.</b>	
23c. DATE SIGNED <b>28 Apr '53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-30-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery St. Louis Co., Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>4-28-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. D... M.D.</b>	

P. 1 (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence H. Murray*

Licensed Embalmer No. *4311*

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.