

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19605**  
**5001**  
Registrar's No.

FILED JUN 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2189 925 S. Boyle Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle)		c. (Last) <b>LAGLER</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>July 23, 1900</b>		9. AGE (In years last birthday) <b>52</b>		10. IF UNDER 1 YEAR Days 11. IF UNDER 12 HRS. Hours 12. IF UNDER 12 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tuck Pointer (For Self)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Austria, Hungary</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Lagler</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Lagler</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-24-5654</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Lagler</b>		ADDRESS <b>925 S. Boyle Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema; Cerebral Anoxia etiology unknown, previous amputation of left leg suffered while scaffolding which descended whereas walking fell when rung of ladder broke on building at 4020 Castleman, about 9:30 a.m.</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Mar 25 1953</b> <b>accident</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUBJECT HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, or on highway, etc.) <b>Building</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 26 53 9:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E9013</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:15</b> p.m., from the causes and on the date stated above. <b>9</b>					
23a. SIGNATURE <b>Patrick E. Raylar's Cousin</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5.18.53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 19, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 18 1953</b> <b>J. Carl Smith MD</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>			

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.....  
Signature of Student Embalmer

Signed *Edwin A. M. Bennett*

Licensed Embalmer No... 302

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.