

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20842
State File No.
Registrar's No. 4812

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 4812					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI			c. LENGTH OF STAY (In this place) 64 yrs.		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN CONVALESCENT HOME				e. STREET ADDRESS (If rural, give location) 4359 Taft Avenue		2159							
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE			b. (Middle) _____			c. (Last) LAUTENSHLAGER			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1954				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH May 1, 1890		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) resident			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Ernst Struel			13b. MOTHER'S MAIDEN NAME Louisa Muntzel			14. NAME OF HUSBAND OR WIFE Louis Lautenshlager							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Gilbert Lautenshlager, 116 Shetland Dr. (23)		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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 8 yrs			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis									
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 30, 1953 , to May 29, 1954 , that I last saw the deceased alive on May 29, 1954 , and that death occurred at 3:20 P. m. , from the causes and on the date stated above. 345XH													
23a. SIGNATURE (Degree or title) Joseph P. Costello J MD				23b. ADDRESS 4952 Maryland				23c. DATE SIGNED May 31, 54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 1, 1954		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.							
DATE REC'D BY LOCAL REG. JUN 1 1954		REGISTRAR'S SIGNATURE J. Charles Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.							

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

Dr. Jos. Costello, Jr.

#954 Maryland Ave.

FO7-1314

MA 6765

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 _____

Licensed Embalmer No. 452

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.