

No. 300
10.48

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7756**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u>		<u>0371</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>2nd + GELLERT</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>LAUER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23-1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-15-1924</u>	9. AGE (In years last birthday) <u>31</u>	If UNDER 1 YEAR Days <input checked="" type="checkbox"/> If UNDER 12 HOURS <input checked="" type="checkbox"/> Min. <input checked="" type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AMERICUS Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John LAUER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE KOENIG</u>	
13c. NAME OF HUSBAND OR WIFE <u>THEODOR LAUER</u>		14. NAME OF HUSBAND OR WIFE <u>THEODOR LAUER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES W WAR II</u>	
16. SOCIAL SECURITY NO. <u>490-324540</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. THEODOR LAUER</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute glomerular nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> 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. <u>none</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 <u>Feb 25, 1955</u> , to <u>3-23, 1955</u> , that I last saw the deceased alive on <u>3-23, 1955</u> , and that death occurred at <u>7 9 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>2nd & Elm Washington, Mo</u>		23c. DATE SIGNED <u>3-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARTIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>R7A White Land Mo</u>
DATE REC'D BY LOCAL REG. <u>3/24/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HERMANN Mo</u>	

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

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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 _____

Hugo St. Dummer

Licensed Embalmer No. 3160

P. O. Address Herrmann Dr

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.