

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10523**

FILED APR 4 1955

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 544	Registrar's No. 587
1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. CITY St. Louis,		
b. CITY (If outside corporate limits, write RURAL and give town) Kirkwood, Mo.		c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY OR TOWN Fenton, 4770	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		STREET ADDRESS (If rural, give location) 505½ Yarnell Rd.		
3. NAME OF DECEASED (Type or Print) Cora		a. (First)	b. (Middle)	c. (Last) Lafser
4. DATE OF DEATH Mar. 8, 1955		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 7, 1872		9. AGE (in years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home,		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Dang		13b. MOTHER'S MAIDEN NAME Louise Roenniger
14. NAME OF HUSBAND OR WIFE William Lafser		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. Nil.
17. INFORMANT'S SIGNATURE OR NAME Arthur Lafser,		ADDRESS 505½ Yarnell Rd., Fenton, Mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage of jejunum.		INTERVAL BETWEEN ONSET AND DEATH 4-6 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Thrombosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerotic Heart Disease		
19a. DATE OF OPERATION March 4, 1955		19b. MAJOR FINDINGS OF OPERATION Haemorrhage of Bowel due to Volvulus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5702
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-4, 1955 , to 3-7, 1955 , that I last saw the deceased alive on 3-7, 1955 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Eugene T. Dreyfuss, M.D.		23b. ADDRESS University Club Bldg.		23c. DATE SIGNED 3-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-55		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.		
DATE REC'D BY LOCAL REG. 3-29-55		REGISTRAR'S SIGNATURE Herbert R. Donk, M.D.		

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.....
Signature of Student Embalmer

Signed *Jimmy Embler*.....
Licensed Embalmer No. *36*.....

P. O. Address *H. Lee*.....

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.