

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10547

State File No. ....

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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) OR TOWN <b>Richmond Hgts.</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		STREET ADDRESS (If rural, give location) <b>7056 West Park Ave. 207</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b>			b. (Middle) <b>CLEMENS</b>			c. (Last) <b>LAUFKETTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 15 1955</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. 18th 1866</b>		9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Jefferson Hotel</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Caseyville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Frank J. Laufketter</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Roy</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Laufketter</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>91-14-5463A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank J. Laufketter</b>		ADDRESS <b>7545 Hoover 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vasculer Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 da</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> <b>year</b>		
	DUE TO (c) <b>Atherosclerosis</b> <b>year</b>		
II. 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	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) <b>332X</b>
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 1952, 19\_\_\_, to \_\_\_ 19\_\_\_, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William C. [Signature] MD</b>		23b. ADDRESS <b>416 Lindell</b>		23c. DATE SIGNED <b>3/16/55</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 18 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>3/17/55</b>	REGISTRAR'S SIGNATURE <b>Heberth [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Bocklage</b>	ADDRESS <b>6536 Clayton Road.</b>
--------------------------------------------	-----------------------------------------------------	--------------------------------------------------------	--------------------------------------

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 *J. W. B. Beribley* .....

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

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.