

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35499

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2390

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Valley Park</b>	c. LENGTH OF STAY (in this place) <b>5 wks</b>	c. CITY OR TOWN <b>Manchester</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moll Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>Box # 65</b>	

3. NAME OF DECEASED (Type or Print) <b>George</b>	a. (First) <b>George</b>	b. (Middle) <b>Lauth</b>	c. (Last) <b>Lauth</b>	4. DATE OF DEATH <b>Oct. 14th 1955</b>
--	--------------------------	--------------------------	------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR <b>Months 4 Days</b>	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	--------------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Co. Ice Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Millstadt Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	--	---

13a. FATHER'S NAME <b>Fred Lauth</b>	13b. MOTHER'S MAIDEN NAME <b>Maria Mettger</b>	14. NAME OF HUSBAND OR WIFE <b>(late) Maggie Lauth</b>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Lauth</b>	ADDRESS <b>Above</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		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Distention</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>R inguinal hernia</b>			

19a. DATE OF OPERATION <b>3 weeks ago</b>	19b. MAJOR FINDINGS OF OPERATION <b>left inguinal hernia</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	--

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Manchester Mo. St. Louis Co. Mo.</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 **Sept. 10, 1955** to **10/14, 1955**, that I last saw the deceased alive on **10/12, 1955**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Heschel</b>	(Degree or title) _____	23b. ADDRESS <b>Kirkwood, Mo.</b>	23c. DATE SIGNED <b>10/17/55</b>
-------------------------------------	-------------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <b>10-17-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>	ADDRESS <b>Maplewood, Mo.</b>
--	--	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

JAN 30 1956

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. Allen Davis*

Licensed Embalmer No.....

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.