

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28731  
Registrator's No. 6858

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

|  |  |  |  |   |  |  |  |                                  |  |
|--|--|--|--|---|--|--|--|----------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003   |  | Registrator's No. 6858   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY _____  |  |  |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL, and give township)<br>OR TOWN ST. LOUIS   |  | c. LENGTH OF STAY (in this place)<br>LIFE  |  | c. CITY OR TOWN ST. LOUIS   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE-WORD-HOSPITAL  |  |  |  | e. STREET ADDRESS (If rural, give location)<br>24 3433- OREGON - AV. 2249   |  |  |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) PETER - PAUL - LAUBERSHEIMER<br>a. (First) b. (Middle) c. (Last)  |  |  |  | 4. DATE OF DEATH<br>JULY - 21 <sup>ST</sup> 1956<br>(Month) (Day) (Year)  |  |  |  |                                  |  |
| 5. SEX MALE  |  | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH<br>NOV. 29 <sup>TH</sup> 1887   |  |                                  |  |
| 9. AGE (In years last birthday) 68 YRS.  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-BEER-BOTTLER |  | 10b. KIND OF BUSINESS OR INDUSTRY GRIESEDIECK BREWERY.  |  | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.   |  |                                  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  | 13a. FATHER'S NAME VALENTINE-LAUBERSHEIMER   |  | 13b. MOTHER'S MAIDEN NAME MARY-SCHAMEL  |  | 14. NAME OF HUSBAND OR WIFE CLARA-LAUBERSHEIMER  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO   |  | 16. SOCIAL SECURITY NO. NONE   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Clara Laubersheimer  |  | ADDRESS<br>3433 Oregon   |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Nephritis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Nephritis<br>DUE TO (c) Hypertension<br>11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><br>442x   |  |   |  | 20. AUTOPSY?<br>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) (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 5-16, 1956, to 7-21, 1956, that I last saw the deceased alive on 7-21, 1956 and that death occurred at 3:20 P.M., from the causes and on the date stated above.         |  |  |  |   |  |  |  |                                  |  |
| 23a. SIGNATURE<br>PB Cappel  |  |  |  | 23b. ADDRESS<br>3284 Bronhae ave  |  | 23c. DATE SIGNED<br>7-25-56  |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL  |  | 24b. DATE<br>JULY 24 <sup>TH</sup> 1956  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>MOUNT-HOPE-CEMETERY   |  | 24d. LOCATION (City, town, or county) (State)<br>ST. LOUIS - COUNTY - MO.  |  |                                  |  |
| DATE REC'D BY LOCAL REG.<br>JUL 23 1956  |  | REGISTRAR'S SIGNATURE<br>Carl Smith  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>MO Brockland Ind. Co. 1827-HOGAN-ST.  |  |  |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Stanley H. Dixon*  
Licensed Embalmer No. *419*  
P. O. Address *St. L.*

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.