

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36283**  
Registrar's No. **9470**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 year</b>		d. STREET ADDRESS (If rural, give location) <b>8600 North Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8600 North Broadway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lorenz</b> b. (Middle) c. (Last) <b>Taub</b>			4. DATE OF DEATH Month <b>October</b> Day <b>16</b> Year <b>1956</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 1 1880</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tinner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>(Retired)</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Austria-Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Taub</b>		13b. MOTHER'S MAIDEN NAME <b>Reginia - - - -</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Taub (nee Dietrich)</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Taub, 8600 N. Broadway</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Fibrosis</b> <b>20 years</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>525x</b>			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) (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 **Mar 19 48**, to **Oct 16 19 56**, that I last saw the deceased alive on **Oct 8 1956**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Albert J. Hauswiler M.D.</b>		23b. ADDRESS <b>8321 S. Broadway</b>		23c. DATE SIGNED <b>10/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 19 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			

DATE REC'D BY LOCAL REG. <b>OCT 17 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Willard G Burnley

Licensed Embalmer No. 42029

P. O. Address St. Louis, Mo.

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.