Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003198
STATE FILE NUMBER

FILED JAN 28 1958 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 498

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony Hosp. — Length of stay in 1b " Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4085 Filmore — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CHARLES Middle W Last LAUBERSHEIMER

4. DATE OF DEATH Month 1 Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 10-21-1899
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mach. Operator
10b. KIND OF BUSINESS OR INDUSTRY Archer Paper Co
11. BIRTHPLACE (City and state or country) St. Louis MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Valentine Laubershiemer
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Hazel Meyers Laubersheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 497-01-7611
17. INFORMANT Hazel Laubersheimer Address 4085 Filmore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the Stomach — 6 mo
DUE TO (c) 151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-16-58, to 1-14-59 and last saw him alive on 1-14-59
Death occurred at 8 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles A Nester MD
22b. ADDRESS 5600 S Compton
22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-17-1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem St.L.
23d. LOCATION (City, town, or county) St. Louis 25 Mo. (State)

24. FUNERAL DIRECTOR WINGBERMUEHLE ADDRESS 3819 So Grand Blvd.
25. DATE RECD. BY LOCAL REG. JAN 15 '59
26. REGISTRAR'S SIGNATURE Earl Smith MD MB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4611 working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4611

P. O. Address St Louis 18 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.