

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026875

FILED VS JUL 24 1959

2 6692

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 18 1/2 hours	c. CITY OR TOWN Rhineland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Carl Walter Lauer	First Carl	Middle Walter	Last Lauer	4. DATE OF DEATH July 16, 1959	Month July	Day 16	Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/13/59	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours
					3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) New Florence, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Charles Walter Lauer	13b. MOTHER'S MAIDEN NAME Ruby Boone	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address EMorsech-500 S. Kingshighway Blvd.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Failure	6 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	24 hr
	Congenital heart disease	
	DUE TO (c)	24 hr
	Transposition of great vessels 7545	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from July 15, 1959 to July 16, 1959 and last saw her alive on July 16, 1959
Death occurred at 12:50PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frederick D. Peterson, M.D.	22b. ADDRESS 500 S. Kingshighway Blvd.	22c. DATE SIGNED 7/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 16 1959	23c. NAME OF CEMETERY OR CREMATOR Montgomery City	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
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24. FUNERAL DIRECTOR Becker Funeral Home	25. DATE RECD. BY LOCAL REG. JUL 17 '59	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

evulio7 301102
STATEMENT BY LICENSED EMBALMER
1001 10110002

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.