

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015952

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1040

AMENDED

1. PLACE OF DEATH
 a. COUNTY ST LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OVERLAND Length of stay in 1b YRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9928 BALTIMORE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9928 BALTIMORE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last WUBU LAUENBORG 4. DATE OF DEATH Month Day Year 4 - 14 - 61

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-5-1871 9. AGE (last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) ST LOUIS MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN PETERSON 13b. MOTHER'S MAIDEN NAME ROSE FRANKLIN 14. NAME OF HUSBAND OR WIFE JENS L LAUENBORG

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. ? 17. INFORMANT Address JENS L. LAUENBORG BALTIMORE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Heart Failure INTERVAL BETWEEN ONSET AND DEATH Hrs
 DUE TO (b) Generalized Arteriosclerosis YRS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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. Yes No Unknown.

19. WAS AUTOPSY PERFORMED? YES NO 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.) St. Louis 14, St. Louis Mo. 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1960 to April 1961 and last saw her live on April 14, 1961 Death occurred at about 3:23 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Miles C. Whitener MD 22b. ADDRESS 8923 Midland, St. Louis 14 22c. DATE SIGNED 4/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-17-61 23c. NAME OF CEMETERY OR CREMATORY ST PETERS 23d. LOCATION (City, town, or county) (State) WELBOSTON MO

24. FUNERAL DIRECTOR ADDRESS Earl Hilleman OVERLAND 25. DATE RECD. BY LOCAL REG. 4-14-61 26. REGISTRAR'S SIGNATURE John E. Murphy Md.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Carl J. Hillman

Licensed Embalmer No. 3501

P. O. Address Orlando 14 Fla

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.