SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022830
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5373

AMENDED

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3145 California — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3145 California — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First OTTO Middle Last LAUMANN

4. DATE OF DEATH Month June Day 6 Year 1961

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/7/1897

9. AGE (last birthday) 63 — 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) sheet Metal worker

10b. KIND OF BUSINESS OR INDUSTRY heat & power co.

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Laumann

13b. MOTHER'S MAIDEN NAME Melissa Morrison

14. NAME OF HUSBAND OR WIFE Frieda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT Frieda Laumann Address 3145 California

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 14 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis — 4 years
DUE TO (c) 450.0

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 June 61, to 6 June 61 and last saw ~~her~~ him alive on 6 June 61
Death occurred at 11:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Niesen MD

22b. ADDRESS 4209 S Kingshighway

22c. DATE SIGNED 7 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 6/10/1961

23c. NAME OF CEMETERY OR CREMATORY St Paul's Churchyard

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR J L Ziegenhein & Sons ADDRESS 7027 Gravois

25. DATE RECD. BY LOCAL REG. JUN 9 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Bravoid

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