

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033841

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8453** STATE FILE NUMBER

FILED AUG 29 1963

VS 300
Rev. 4/59

1
2 **22**
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4 **0**
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12 **50-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS		d. STREET ADDRESS (If outside, give location) 1942 SIDNEY	
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN J. LAUCK		4. DATE OF DEATH Month Day Year AUG 18 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 24 1882 - 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TACKER		10b. KIND OF BUSINESS OR INDUSTRY MILITARY	11. BIRTHPLACE (City and state or country) Mo.
12. CITIZEN OF WHAT COUNTRY U-S-A		13a. FATHER'S NAME WILLIAM LAUCK	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EDNA LAUCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW#1		16. SOCIAL SECURITY NO.	
17. INFORMANT EDNA LAUCK 1942 SIDNEY		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholera after 2 illnesses			INTERVAL BETWEEN ONSET AND DEATH 5 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 334X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Polymyositis, stroke, unknown		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 type="checkbox"/> NO <input checked="" 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.)	
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
21. I attended the deceased from 6/1/63 to 8/15/63 and last saw him alive on 8/15/63		Death occurred at _____ m on the date stated above, and to my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Charles Burnside M.D.		22b. ADDRESS 206 West Argonne, Kirkwood 22, Missouri	22c. DATE SIGNED 8/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Aug. 21, 1963	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION	23d. LOCATION (City, town, or county) ST. LOUIS, MO.
24. FUNERAL DIRECTOR Thomas Letic 2906 Grand		25. REG. BY AUG 20 1963	
ADDRESS		REGISTRAR'S SIGNATURE Road Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

DR Burmeister
W Argonne Rd
Kirkwood
9612 AM
Dr Burmeister
4000 Oak Rest Home
Kirkwood Mo

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Glover

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.