. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1947

State File No. 25775

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7440

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2917 N. Spring Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 N. Spring Ave. 9
(If rural, give location)

10

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Genevieve Lauerman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Lauerman

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 5 (Day) 1896 (Year)

8. AGE: Years 51 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name Joseph Ayers 0
13. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louise LaBruyere
15. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant George Lauerman
(b) Address 2917 N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 13, 1943, to Aug 4, 1947;
that I last saw her alive on August 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of liver (Non-specific) Chronic pancreatitis — Duration: Several years.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 124

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John J. Lite M.D. (M. D. ~~or other~~)
Address 4703 Carter Ave. St. Louis Date signed 8-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed. Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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