

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6127

FILED MAR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>201 Houston</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>H.</b> c. (Last) <b>Laumeyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 27 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>6-16-1882</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 18 HRS. Months Days Hours Min. <b>8 11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Car Building</b>		11. BIRTHPLACE (State or foreign country) <b>St. Charles, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Frederick P. Laumeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Lavina Von Senden</b>		14. NAME OF HUSBAND OR WIFE <b>- - -</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-03-9647</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie H. Laumeyer, St. Charles, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b> <b>10 yrs</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-30-1951**, to **2-27-51**, that I last saw the deceased alive on **2-27-51**, and that death occurred at **11:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Knudsen M.P.</b>		23b. ADDRESS <b>126 S. Main St.</b>		23c. DATE SIGNED <b>2/29/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-1-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Lutheran</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Charles Mo.</b>					

DATE REC'D BY LOCAL REG. <b>2/29/52</b>		REGISTRAR'S SIGNATURE <b>Thomas Hamel</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. C. Dallmeyer &amp; Sons Co., St. Charles Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

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.