

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2464

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Chas.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	c. LENGTH OF STAY (in this place) 5 MO.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	0923 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 Lindenwood Ave.		d. STREET ADDRESS (If rural, give location) 801 Lindenwood Ave.	

3. NAME OF DECEASED (Type or Print) Henri	a. (First)	b. (Middle) De	c. (Last) Lauzainghein	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 23	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) draftsman	10b. KIND OF BUSINESS OR INDUSTRY ACF	11. BIRTHPLACE (State or foreign country) French West Indies 3	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gabriel DeLauzainghein	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Imbert Mrs. Mabel Boschert
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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) No	16. SOCIAL SECURITY NO. 492-07-4965	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. DeLauzainghein, St. Chas., Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis due to arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac-vascular dis. DUE TO (c) Generalized arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Nov. 27, 1953, to Jan 14, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE L. A. Reeves M.D. (Degree or title)	23b. ADDRESS 207 N 5th St. St. Charles, Mo	23c. DATE SIGNED Jan 15, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri
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DATE REC'D BY LOCAL REG. 1954	REGISTRAR'S SIGNATURE James Z. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. C. Dallinger & Son, St. Char. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1954

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

Frank R. Amalony

Licensed Embalmer No. _____

4832

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.