No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19066

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5030

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: City Hospital #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

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

(d) Street No. 916 LaSalle St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Otto J. Lassauer

3. (b) If veteran, name war *******

3. (c) Social Security No. 498-07-7427

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 19 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	6	28	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Alco Trucking Co

FATHER
12. Name John A. Lassauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Philippnia Irion
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Behrals

(b) Address 4229 A. Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Siegenthaler Bros

(b) Address 6409 Gravois Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day May
year 1947 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Dec 20th, 1946 to May 17th, 1947, that I last saw alive on March 11th, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis

Due to Chronic Valvular Disease

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature John G. Konzelman (M. D. or other)

Address 7677 Delmar Blvd Date signed 5/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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