

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019892

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5840

5. 300
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Enroute to City Hosp.		d. STREET ADDRESS (If outside, give location) 3821 Cleveland	
3. NAME OF DECEASED (Type or print) First Gustav Middle Otto Last Lassauer		4. DATE OF DEATH Month 6 - Day 4 - Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 6-6-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Knapp-Monarch Co.	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Lassauer		13b. MOTHER'S MAIDEN NAME Phillipina Irion	
14. NAME OF HUSBAND OR WIFE Lenore Lassauer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 337-18-0957		17. INFORMANT Lenore Lassauer Address 3821 Cleveland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 420.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20.1 Month, Day, Year		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	
21. I attended the deceased from Death occurred at 525A		and last saw her alive on 6/5/58	
22a. SIGNATURE (Degree or title) Joseph E. Lassauer		22b. ADDRESS 1300 East	
22c. DATE SIGNED 6/5/58		23a. SIGNATURE J. Carl Smith MD	
23b. DATE 6-7-1958		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) Watson & Mackenzie Rd. Mo.		24. FUNERAL DIRECTOR Ziegenfuss Bros 6409 Gravois Ave.	
25. DATE RECD. BY LOCAL REG. JUN 5 '58		26. REGISTRAR'S SIGNATURE mgs	