

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

or

Village

or

City *St. Louis Mo.* (NO. *104 Reservoir St.* St. *8* Ward)

Registration District No. *791*

File No. *36145*

Primary Registration District No. *1003*

Registered No. *9743*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *John Adam Lassauer*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *December 17 1860*
(Month) (Day) (Year)

7 AGE *55* yrs. *10* mos. *9* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Carpenter*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Germany*

PARENTS
10 NAME OF FATHER *Ruppert Lassauer*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Germany*
12 MAIDEN NAME OF MOTHER *Elizabeth Ott*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Germany*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Otto J. Lassauer*
(Address) *2220 S Broadway*

15 Filed *Oct 23 1916* *Maule Starkloff* Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 21 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Oct 12 1916* to *Oct 21 1916*, that I last saw him alive on *Oct 20 1916*, and that death occurred, on the date stated above, at *11 a* m.

The CAUSE OF DEATH* was as follows:
Asthma
97
112
113 (Duration) yrs. *3* mos. ds.

CONTRIBUTORY *Pulmonary Emphysema*
(Secondary) (Duration) yrs. *3* mos. ds.

(Signed) *Otto J. Lassauer* M. D. *Oct 23 1916* (Address) *1105 South Broadway*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *S.S. Peter Paul County* DATE OF BURIAL *Oct 24 1916*

20 UNDERTAKER *Hausers L. N. Co* ADDRESS *3756 S Broadway*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.