WHITE PLAINE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22241

Township ..... Primary Registration District No. 1003 Registered No. 5993

City St. Louis (No. 609 Hamilton Ave 2 St. ..... Ward)

2. FULL NAME Annie Zazio Lancaster 1

(a) Residence, No. 609 Hamilton Ave St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. D. Lancaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25, 1872

7. AGE: YEARS 64 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shepperdsville Kentucky

FATHER
13. NAME: Wm. W. Zazio
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shepperdsville Kentucky

MOTHER
15. MAIDEN NAME: ? O'brian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shepperdsville Kentucky

17. INFORMANT (ADDRESS): Elizabeth Lancaster 609 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE June 21st 1937

19. UNDERTAKER (ADDRESS): Wagoner Undertaking Co 3621 Olive Street.

20. FILED JUN 20 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1926, to June 18, 1937

I last saw her alive on June 17, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue — Date of onset 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Anthony B. Day, M. D.

(Address) 3720 Washington Blvd.

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