

DEC 28 1937

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

42467

Do not use this space.

Registered No. 790-444

1. PLACE OF DEATH
- (a) County St. Louis Registration District No. 790
- (b) Township Central Primary Registration District No. 6033A
- (c) City Clayton (d) Street No. Bonhomme Restorium St.
- (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
- (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME George W. Lashly
- (a) Residence, No. 895 Old Bonhomme Rd. St.
- (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Cora Lashly
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1956

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

81 1 7

8. Trade, profession, or particular kind of work done, as assayer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Iron Mountain
(STATE OR COUNTRY) Mo.

13. NAME Marcus Lashly

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Jacob Lashly
(ADDRESS) 20 Windermere Pl.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 11/30/37 19

19. FUNERAL DIRECTOR Edith E. Gumbert
(ADDRESS) 4234 Manchester

20. FILED 11/30 1937 Dora E. Sigmond
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/37 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Nov. 29 1937

I last saw him alive on Nov. 29 1937. Death is said to have occurred on the date stated above, at 9.25 A.M.

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

arterio sclerosis

Other contributory causes of importance: coronary obstruction

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) H. H. Helbing M. D.

(Address) 4963 Mountain

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Florenz Eynck

Licensed Embalmer No. 1284

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.)