

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12511

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **of St. Louis** (d) Street No. **3863 Delmar Avenue** Registered No. **3115**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alexander D. Lorimer 656**

(a) Residence, No. **3863 Delmar Avenue** St. **[79]**
 (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 **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Hettie**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 31, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 0

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

12. BIRTHPLACE (CITY OR TOWN) **Manchester**
 (STATE OR COUNTRY) **England**

13. NAME **Geo. Lorimer**

14. BIRTHPLACE (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. Hettie Lorimer**
 (ADDRESS) **3863 Delmar Avenue**

18. BURIAL, CREMATION OR REMOVAL **in**
 PLACE **Memorial Park** DATE **April 2, 1938**

19. FUNERAL DIRECTOR **A. W. McLaughlin**
 (ADDRESS) **2301 Lafayette Avenue**

20. FILED **4-2-1938** **J. F. Brubaker** (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/31** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **12/29** 19**37** to **3/31** 19**38**

I last saw **him** alive on **3/25/38**, 19..... Death is said to have occurred on the date stated above, at **5 A.M.**

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

Acute myocarditis Date of onset **3/29/38**
Chronic Endocarditis **1936**

Other contributory causes of importance **Chronic Endocarditis 1936**

Name of operation **none** Date of.....
 What test confirmed diagnosis? **Physiol.** 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) **E. B. Ferguson**, M. D.
 (Address) **2901 Big Bend Rd.**

WRITE PLAINLY, 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.

5047-7-37
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STATEMENT BY LICENSED EMBALMER

I, L. R. Coape, Licensed Embalmer No. 3633

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 L. R. Coape

Licensed Embalmer No. 3633

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.)