

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.

AUG 11 1939 791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
(Specify whether)
 In this community 10 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 10
 (d) Street No. 4237 Linton Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Theodora Laschar 260
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July day 23
 year 1939 hour 09 minute 12 a. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Guy Laschar 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Sep. 25, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20, 1939 to 7-23, 1939;
 that I last saw her alive on 7-23, 1939;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death: Right inguinal Lymph Gland

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to Primary seat unknown

10. Usual occupation At home

Due to _____

11. Industry or business _____

Other conditions 53
(Includes pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Sebastian Lieb
 18. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Lesions of inguinal region

MOTHER FATHER { 14. Maiden name Emma Luetkemeyer
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Of operations _____
 Of autopsy no
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Francis Horneyer
 (b) Address 4048 1/2 Maffett Ave.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Jul. 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Charles R. Kover
 (b) Address 4911 Washington Bl.

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

19. (a) J. B. Brodick (b) J. B. Brodick
(Date received) (Signature)

23. Signature Hecker (M. D. or other) _____
 Address 5074 N. Union Blvd. Date signed 7-24-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Thomas R. Fenwick

Licensed Embalmer No.....
3793

P. O. Address.....
St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.