

MAY 15 1940

791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3070

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7145 Lanham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

3. (a) PRINT FULL NAME Godfrey H. Lasar 260

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20, 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	0	11	_____ hr. _____ min.

9. Birthplace Canton, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Inventive Engineer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Emily John

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Sweet

(b) Address 7145 Lanham

17. (a) Burial (b) Date thereof 4-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 2 1940 (b) J. J. Bradlock
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7145 Lanham 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1940 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 31, 1940, to April 1, 1940
that I last saw him alive on April 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Cardiac Condition 4 years
Duration

Due to 1/2/1
Due to Chronic Parenchymatous Nephritis
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

23. Signature Vincent F. Townsend (M. D. or other) MD
Address 3101 S. Sully Ave. Date signed 4-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

H. P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.