S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40617

Registration District No. 7911 Primary Registration District No. Registrar's No. 10388

1003

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 das (Specify whether years, months or days)

In this community 13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3518 Laclede Ave 21
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Amanda Lasley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Benjamin LaLasley

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1863	March –	hr. min.

9. Birthplace Pairs Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Benjamin Norton

13. Birthplace Paris Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Amanda Norton

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

16. (a) Informant Anna Lasley

(b) Address 3518L Laclede Ave

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

(c) Place: burial or cremation Gern Wood Cem

18. (a) Signature of funeral director Lincoln Toney

(b) Address #1293129 Lucas Ave

19. (a) DEC 18 1940 (Date received by registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1940 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from December 13, 1940 to December 16, 1940 that I last saw her alive on December 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3-4 das
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Erwin (M. D. or other)

Address 2600 Whittier Date signed 12-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371 0

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.