

No. 2
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X23150

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8647
Registrar's No. 2057

Registration District No. 791

Primary Registration District No. 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: 2915 Nebraska Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Infant Lancaster
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 23, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
--- --- --- 0 hr. 10 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Lancaster
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Gerthou
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Lancaster
(b) Address 2915 Nebraska

17. (a) Burial (b) Date thereof 2-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) 2301 Lafayette Ave.

19. (a) MAR. 4, 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")
(d) Street No. 2915 Nebraska
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 - 41
year 1941 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 12-23, 1941, to 12-23, 1941
that I last saw her alive on 12-23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to 6 1/2 Mo Gestation

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

Duration

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 0

23. Signature J. F. Brudick (M. D. or other) _____
Address 2840 California Date signed 2/23/41

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

2057

2057

La 9001

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.