No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26809

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 6661

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

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: DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ MONTHS (Specify whether
In this community 55 YEARS 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Louis

(c) City or town W. WALNUT MANOR ~~ST. LOUIS, CO.~~
(If outside city or town limits, write "RURAL")

(d) Street No. 7061 FLORENCE PLACE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME John Lott

3. (b) If veteran, name war NIL

3. (c) Social Security No. 495-14-9794

4. Sex MALE U

5. Color or race WHITE

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

6. (b) Name of husband or wife EVA LOTT

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MARCH (Month) 31 (Day) 1869 (Year)

8. AGE: Years 72 Months 4 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace UNK (City, town, or county) 4 GERMANY (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business SHOE INDUSTRY

FATHER
12. Name UNK LOTT
13. Birthplace UNK (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name UNK ESCHENBRENNER
15. Birthplace UNK (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant EVA LOTT

(b) Address 7061 FLORENCE PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/14/41 (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM

18. (a) Signature of funeral director Friedweyer & Sons

(b) Address 3834 N. 20th ST

19. (a) AUG 12 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 1941 hour 8 minute 27 A. M.

21. I hereby certify that I attended the deceased from 3/29/41, 19__, to 8/11/41, 19__;
that I last saw him alive on 8/11/41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myelogenous Leukemia c̄ splenomegaly, hepatomegaly - enlarged ave	
Due to aortic lymph glands	?
Due to	
Other conditions Terminal lung abscess (Include pregnancy within 3 months of death)	?
Major findings Of operations	
Of autopsy Confirmed above.	

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 Roy Amezera (M. D.)

Address 1325 S. Grand Ave. Date signed 8/12/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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