

FILED MAR 24 1942 791

Registration District No. 100E

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:
3877 Connecticut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 7 months, 70 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Lord

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Racheal 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased September 3 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Kewanee Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad

MOTHER { 12. Name James Lord
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Jane Whatmough
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Sheahan
(b) Address 3877 Connecticut St.
17. (a) Burial (b) Date thereof 3/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galva Ill. via R.R.

18. (a) Signature of funeral director Walter Helderle and L. Co.
(b) Address 3634 Gravois Ave.

19. (a) MAR 7 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3877 Connecticut St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 th.
year 1942 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 12-42 19... to March 6-42 19...
that I last saw him alive on March 6-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Prostate
(Bleed Indefinable)
Due to Chr. cystitis Duration 10+ yrs
Due to Quinquebrasia hypostatica Lobar 48 hrs

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 108
Of autopsy 108
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) (c) Means of injury.....
23. Signature M. W. Manslow (M. D. or other).....
Address 36 1/2 N. Arsenal Date signed 3-7-42

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 Robert C. Wheeler
Licensed Embalmer No. 2128
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, fact should be so stated above.