

FILED APR 8 1942 911

Primary Registration District No. 1003

Registrar's No. 2567

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 2800 Indiana Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME

Elizabeth Lay

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 Widow

6. (b) Name of husband or wife James

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

7. Birth date of deceased July 25 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 25 hr. min.

9. Birthplace Cumberland Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER

12. Name James Duncan

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

14. Maiden name Mary Rollins

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

16. (a) Informant Fannie M Gonaugh

(b) Address 2800 Indiana

17. (a) Removal (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) J. F. Bedeak (b) J. F. Bedeak
(Data required by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis, Mo. 24 17
(If outside city or town limits, write "RURAL") 19
(d) Street No. 2800 Indiana
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from June 10 1939 to March 21 1942
that I last saw him alive on March 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar Hypostatic Carcinoma Cervix Hyperthrophy Heart Nephritis Glomerular Endocarditis Mitral
Due to..... 2 1/2 yrs.
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

1 day

PHYSICIAN

Major findings: none
Of operations none
Of autopsy none
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) none
(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) Means of injury.....

23. Signature J. F. Bedeak (M. D. or other) MD
Address 2767 Broun Date signed 3-22-42

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

Richard B. Burnley

Licensed Embalmer No. *4207*

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.