

LED MAR 20 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4581 Garfield Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 37 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4581 Garfield Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH LAMAR  
3. (b) If veteran, name war ---  
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harry Lamar  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased About 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 60 .hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER  
12. Name Tom Rainey  
13. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Tibitha Unavailable  
15. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Lamar  
(b) Address 4581 Garfield Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) MAR 11 1943 (Date received local registrar)  
J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th  
year 1943 hour 8:00 minute P.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Apoplexy  
Due to Heart  
Due to AS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Thomas F. Callahan (M.D. or other)  
Address 1400 Park Avenue Date signed 3-11-43

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  
William C. McDowell, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William C. McDowell  
Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor

**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.**