

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 852

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Blue Creek Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County ST CLAIR
(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3010 NORTH PARK DRIVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Alice Mary Lamar

3. (b) If veteran, name war. No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Thomas Lamar 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased November 15 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 4 hr. min.

9. Birthplace Broadhead, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Ruben Reynolds

13. Birthplace Rock Castle Co, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy K (Unknown)

15. Birthplace Rock castle co, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant R. Lamar

(b) Address East St. Louis, Illinois

17. (a) E. St. Louis, Ill (b) Date thereof April 6, 1943
(Subst. death, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director John Stansky

(b) Address 1101N 9th St E. St. Louis, Ill.

19. (a) APR 8 1943 (b) C. J. McFarley MD
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 29th 1943 to April 6 1943

that I last saw her alive on April 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Carcinoma of Rectum

Due to _____

Other conditions Antero Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 4/6

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? Jansen

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Jansen MD (M. D. or other)

Address Manchester Mo Date signed 4/6/43

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

9600

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.

not embalmed

Signed _____

John J. Kossly

Licensed Embalmer No. *6855 ME.*

P. O. Address *East St. Louis Ill.*

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

If this body is not embalmed, above space should be left blank.