

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 4 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4580**

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: **St. Louis City Hospital #L**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **009**
(c) City or town **ST-LOUIS** **17**
(If outside city or town limits, write "RURAL") **923**
(d) Street No. **2205 Menard st.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Sada T. LASLEY**

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

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

6. (b) Name of husband or wife **William Lasley** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **July 14 1904**
(Month) (Day) (Year)

8. AGE: Years **38** Months **10** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Greenville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Wade Huff**

12. Name **Muncie Indiana**
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Daisy Julian**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Lasley**
(b) Address **2205 Menard st.**

17. (a) **Burial** (b) Date thereof **May 18, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul Com.**

18. (a) Signature of funeral director **C. Hoffmeister U.S.L.C.**
(b) Address **7814 S. Broadway**

19. (a) **MAY 17 1943** (b) **J. J. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **14**
year **1943** hour **10** minute **15** 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 **General Peritonitis following Ruptured Tubal Pregnancy**

Other conditions (Include pregnancy within 3 months of death) **1/4**

Major findings: Of operations _____

Of autopsy _____

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 **W. J. Perry** (M. D. or other)
Address _____ Date signed **5/19/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Franklin

Lawrence

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.....

Paul A. Franklin

Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Franklin*

Licensed Embalmer No. *7472*

P.O. Address *7814 So. Broadway*

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.