S. No. 2
M—5-42
v. 5-17-39

FILED MAY 19 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16335

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4426

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: St. John's Hospital
(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: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9/1
(If outside city or town limits, write "RURAL")

(d) Street No. 3701 Lindell Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James G. Lord

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 17 (Day) 1891 (Year)

8. AGE: Years 51 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name George Douglas Lord
13. Birthplace Jordanville (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Iva Jane Langdon
15. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Rev. Daniel A. Lord
(b) Address 3742 West Pine Blvd.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) -12 (Day) -43 (Year)
(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAY 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 4/11/43, 19, to 5/11/43, 19;
that I last saw him alive on 5/11, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions Brain Tumor (Include pregnancy within 3 months of death) Malignant	yrs.

Major findings:
Of operations
Of autopsy Brain Tumor Cerebral Hemorrhage

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

23. Signature D. A. Munsch (M. D. ~~or other~~)
Address 634 N Grand Date signed 5/11/43

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.