

ED JUN 19 1943
Registration District No. 318

Primary Registration District No. 1003

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

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:
PARK LANE HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 18 Yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 007
11
78

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 8128 CHURCH RD.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LAHAY

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, SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 27 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8
year 1943 hour 2:22 minute Am M.

21. I hereby certify that I attended the deceased from 6/7 to 6/8 1943
that I last saw her alive on 6/7 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 6 10/11 hr. _____ min.

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

Immediate cause of death Coronary embolus acute bacterial

Due to _____

Due to Indirectly due to cerebral

Other conditions (Include pregnancy within 3 months of death) PH

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER

12. Name CHARLES LAHAY

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

14. Maiden name MARY AUBUCHON

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

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy ✓

16. (a) Informant James Lahay

(b) Address Overland Mo.

17. (a) Burial (b) Date thereof June 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTARY CEM. ST. GENEVIEVE

18. (a) Signature of funeral director Friedrich F. Home Mo.

(b) Address 8319 Holly Essay Rd.

19. JUN 10 1943 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

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. P. ... (M. D. or other) _____
Address 2201 N. Broadway Date signed 6/12/43

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.....

W. Wilkinson

Licensed Embalmer No.....

35-78

P. O. Address.....

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.