

U. S. No. 2
FORM-2-43
5-17-53
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26835**
7538
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1007**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrol Sue Lazarov

3. (b) If veteran, name war No

3. (c) Social Security No. no

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 March 14th 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>5</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Frank Lazarov

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nadine Guthrie

15. Birthplace Mt. Vernon Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Lazarov

(b) Address 4998A Loughborough

17. (a) Burial (b) Date thereof 8/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) AUG 23 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4998A Loughborough 92
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22nd
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 14
1943, to Aug 22, 1943
that I last saw her alive on Aug 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
marked Spinal Bifida + Hydrocephalus

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)

(e) Means of injury _____

23. Signature Wm. J. Hamilton (M. D. or other) _____

Address 3804 Wilmingtn Ave Date signed 8/23/43

Duration _____
congital

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

No Embalmer

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ernest W. Spillars

Licensed Embalmer No.....

14080

P. O. Address.....

3836 Botanical

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.