. S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30133

State File No.

FILED OCT 2 - 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8501

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: Peoples (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

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

(d) Street No. 4362 Enright Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George T. Laster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Mattie S. Laster

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 11 (Day) 1877 (Year)

8. AGE: Years 66 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Buena Vista (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation retired Meat Inspecter

11. Industry or business

FATHER 12. Name Jame Laster

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

MOTHER 14. Maiden name Luretta Davis

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

16. (a) Informant Mattie Laster

(b) Address 4362 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jas. H. Harrison

(b) Address 2906 Dayton Blvd.

19. (a) SEP 26 1943 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 21 day year 43 hour 1:30 minute a. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1943, to Sept. 21, 1943, that I last saw him alive on Sept. 21, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Paralysis agitans 4 mth

Due to Encephalitis

Due to

Other conditions (Include pregnancy within 3 months of death) 37

Major findings:
Of operations

Of autopsy

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 W. Alpert 0 (M. D. or other)

Address 3166 Market Date signed

54ut (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 2nd Garfield

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.