

FILED APR 13 1944 318

Primary Registration District No. **1003**

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

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:
2135a Cass Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 / 19

(c) City or town St. Louis 120
(If outside city or town limits, write "RURAL")

(d) Street No. 2135a Cass Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Addie Lorene Lumley

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color of race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 18, 1923
(Month) (Day) (Year)

8. AGE: about 20 Years Months Days If less than one day
9 8 hr. min.

9. Birthplace Dyersburg Tenn. /
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name William Lumley

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

14. Maiden name Lucy Bradshaw

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

16. (a) Informant William Lumley

(b) Address 2135a Cass Ave.

17. (a) Burial (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Rowland Mortuary

(b) Address MAP 4355 Washington Ave.

19. (a) _____ (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th.
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis.

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3-27-44

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 *John M. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *7777 Lewis Ave*.....

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.