

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4283

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:
3162 Alfred Ave.
(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)

3. (a) PRINT FULL NAME Lucy A. Pairo

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, Widowed

6. (b) Name of husband or wife Late John L. Pairo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 19th 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lafayette Osborne

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

14. Maiden name Mary F. Grogan

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

16. (a) Informant Lurline Pairo

(b) Address 3162 Alfred Ave.

17. (a) Burial (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 9 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17 | 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3162 Alfred Ave. 29
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1944 hour 12:05 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from April 25,
1944 19____ to May 8, 1944
that I last saw her alive on April May 8, 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions Myocarditis secondary
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature A. F. Blas (M. D. or other) M.D.

Address 315 S. Morganfield Rd Date signed 5/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Gray

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 *Richard W. Storrsand*

Licensed Embalmer No. *4007*

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.