

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4160 FARLIN (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 71 YRS. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17-90
(d) Street No. 4160 FARLIN (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

MARY L LOTT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife WM. LOTT 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased AUGUST 8 1864 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 6 hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name UNKNOWN SCHROEDER

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

14. Maiden name UNKNOWN

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

16. (a) Informant ELMER LOTT

(b) Address LEXINGTON 9 VANDVENTER

17. (a) BURIAL (b) Date thereof 8-16-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. FRIEDENS CEM. of

18. (a) Signature of funeral director. J. F. Bredech

(b) Address 2934 N. 20TH ST.

19. (a) AUG 15 1944 (Date received local registrar)

J. F. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1944 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 1940 to Aug 14 1944
that I last saw her alive on August 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia
Duration

Due to Cerebral thrombosis

Due to

Other conditions Hypertension, arteriosclerosis, Endocarditis
PHYSICIAN

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature James D. Beronard (M. D. or other M.D.)
Address 4155 N. Newstead Date signed 8/17/44

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

MOTHER FATHER

RECEIVED
MAY 20 1967

NO. 1000

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 Alfred J. Breiker

Licensed Embalmer No. 266.3

P. O. Address. 5934 Alpha

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.