

S. No. 2  
-8-43  
5-17-39  
X37823

FILED SEP 18 1944  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....St. Louis, Missouri

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

(c) Name of hospital or institution:  
BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....15 days  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lawrence John Ayers

3. (b) If veteran, name war.....UNone-n

3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White 0

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.....January 15 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43	7	21	hr.	min.
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9. Birthplace Viola Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation.....Auto Mechanic

11. Industry or business.....

MOTHER FATHER { 12. Name Charles Ayers

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

14. Maiden name Florence Unknown

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

16. (a) Informant Earle Ayers

(b) Address Topeka, Kansas

17. (a) Removal (b) Date thereof 9-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director.....Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 7 1944 (b) J. J. Bredech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee

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

(d) Street No. 1014 Van Buren  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th  
year 1944 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from.....  
August 23rd, 1944 to September 6th, 1944;  
that I last saw him..... alive on September 6th, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of lung

Due to.....

Due to.....

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

Duration

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....none

Underline the cause to which death should be charged statistically.

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

(c) 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 M. C. Abney (M. D. or other).....  
Address BARNES HOSPITAL Date signed 9/7/44

**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 *Albert G. Koppa*

Licensed Embalmer No *2971*

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.**