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4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29545
Registrar's No. 7825

FILED SEP 18 1944
318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Romer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community 6 years

3. (a) PRINT FULL NAME General David Lasley

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Doshie Lasley 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 23 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 1 16 hr. min.

9. Birthplace Red Bay Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Fire Man

11. Industry or business

12. Name Jerry Lasley

13. Birthplace Red Bay Ala
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Sullivan

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

16. (a) Informant Carl Washington

(b) Address 1913 Carr

17. (a) Removal (b) Date thereof 9/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth, Miss.

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 E. Finney Ave.

19. (a) SEP 11 1944 (b) J. Kredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1913a Carr
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9,
year 1944 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from September
3, 1944, to September 9, 1944;
that I last saw him alive on September 9, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis with Uremia
Duration Unk.

Due to

Due to

Other conditions (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) (Country) (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 John Whittier (M. D. or other)

Address 2601 Whittier Date signed 9/9/44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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,

Chester A. Marshall

Registered Apprentice No.

working under my personal supervision.

Signed

Chester A. Marshall

Licensed Embalmer No.

4381

P. O. Address

St. Louis, Mo

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.