

FILED FEB 13 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2953

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town 128 East Etta Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lemay Nurseing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether  
In this community 17 Years 4 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 1819 Texas Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dola Mae Lott

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Oct 14 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Vergennes Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

MOTHER FATHER { 12. Name Samuel Crain  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Henson  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Lott  
(b) Address 1819 Texas Ave.  
17. (a) Burial (b) Date thereof 2/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director P. W. McLaughlin  
(b) Address 2501 Lafayette Ave.

19. (a) FEB 5 1945 (b) P. W. McLaughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 45 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 8 1945 to Jan. 31 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pyloric end of stomach

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

Duration

PHYSICIAN

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 5  
Signature P. W. McLaughlin (M. D. or other)  
Address 2025 S. Jefferson 1945

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

174  
000

**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

*F. R. Cooper*  
\_\_\_\_\_  
Licensed Embalmer No. 36337

P. O. Address 2317 Lafayette

**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.**