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State File No. _____
Registrar's No. 2866

FILED APR 13 1945

Registration District No. 818 Primary Registration District No. 1003

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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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

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

(d) Street No. 8041 CHURCH ROAD
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Bayers

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife John J. Bayers

6. (c) Age of husband or wife if alive _____ years

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1945 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from 3/24/45
_____, 19____, to 3/29/45, 19____;
that I last saw her alive on 3/29/45, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Generalized Atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 99

9. Birthplace UNKNOWN, MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name unk. Dohm

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

14. Maiden name _____

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

16. (a) Informant Mr. Joseph Bayers

(b) Address 8041 Church Road

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 31/45
(Month) (Day) (Year)

(c) Place: burial or cremation Bethania Cemetery

18. (a) Signature of funeral director E. J. Schrud

(b) Address 3125 Lafayette Av.

19. (a) MAR 30 1945 (Date received local registrar) J. F. Blaseck (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature James J. Stouff (M. D. or other) _____
Address 1515 Lafayette 3/29/45 signed _____

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.....

Joseph B. Vallin

Licensed Embalmer No. *41014*

P. O. Address *St Louis 4 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.