

FILED JUN 3 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Lanier, Bernice

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leslie Lanier 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 9th 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER } 12. Name George Blay
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ann Welch
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Lanier
(b) Address 4157 O'Bear Ave

17. (a) Burial (b) Date thereof 5/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Strook - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) MAY 28 1945 (b) J. Stredwell
(Date received local registrar) (Registrar's signature)

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. 4157 O'Bear Ave (If rural, give location) 1 10
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1945 hour 2 minute 45A. M.

21. I hereby certify that I attended the deceased from May 12th 1945 to May 27th 1945;
that I last saw her alive on May 27th 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 wks.

Due to Rheumatic Heart Disease uncertain
Mitral stenosis

Due to _____

Other conditions Trichomonas Vaginitis
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature M. Ohmots (M. D. or other) M.D.
Address 1325 So. Grand Date signed 5-27-45

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

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 R. Thompson

Licensed Embalmer No..... *4237*

P. O. Address..... *St. Louis*

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.