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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. 29166

FILED OCT 6 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8337

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

1. PLACE OF DEATH:
(a) County
(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-Max Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

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. 1535 Kealty Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTINA LASLEY
3. (b) If veteran, name war none
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 Charles Lasley
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July (Month) 5 (Day) 1909 (Year)

8. AGE: Years 36 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Saline County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Levi Hinton
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Jane Driskill
15. Birthplace Saline Co. Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address E. St. Louis, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director
(b) Address E. St. Louis, Ill.
19. (a) SEP 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1945 hour 12:20 minute P. M.
21. I hereby certify that I attended the deceased from 9/23/45, 19, to 9/25/45, 19; that I last saw her alive on 9/25/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage — Duration
Due to Hypertensive Cardiovascular Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same

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 Herbert C. Zirt (M.D. or other)
Address 1515 Lafayette Date signed 9/25/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3162

P. O. Address East St Louis Ill

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.