S. No. 2
DM—2-43
v. 5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39416

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10782

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County — 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 22

(d) Street No. 2319 a Chouteau (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EULA RECORD (MARIE) LANCASTER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Franklin Lancaster

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct (Month) 3 (Day) 1901 (Year)

8. AGE: Years 44 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Steelville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Steve Record
13. Birthplace Steelville (City, town or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Belle Paps
15. Birthplace Steelville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John F. Lancaster

(b) Address 2319 a Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Mo

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar St Louis

19. (a) DEC 11 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th year 1945 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from 11/19/45, 19, to 12/10/45, 19; that I last saw her alive on 12/10/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver

Due to Chronic alcoholism

Due to

Other conditions Degenerate Rt Kidney (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cirrhosis liver Degenerate Rt Kidney

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Thomas Macarman (M. D. or other)

Address 1515 Lafayette Date signed 12/11/45

(Licensed Embalmer's Statement on Reverse Side)

Emb. [illegible] with Cert. filed DEC 11 1945

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.....

P. O. Address.....

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.