

S. No. 2
M-2-43
5-17-39
I X3E897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4056

State File No. _____

Registration District No. 017

Primary Registration District No. 6076

Registrar's No. 69

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/12/45
(Specify whether years, months or days)

In this community 1/5/46
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALHOUN 57

(c) City or town ELSBERRY 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME LAIR, CORDELIA

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

4. Sex FE! 5. Color or race W 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased MARCH 13 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace CALHOUN CO.
(City, town, or county) (State or foreign country)

10. Usual occupation In home "Pine Crest"

11. Industry or business _____

MOTHER FATHER

12. Name unknown 9

13. Birthplace _____ 115
(City, town or county) (State or foreign country)

14. Maiden name unknown 11

15. Birthplace _____ 1
(City, town, or county) (State or foreign country)

16. (a) Informant Eley Dickerman
(b) Address Elsberry, Mo.

17. (a) Removal (b) Date thereof Jan. 5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg - Mo

18. (a) Signature of funeral director Snock & Dive Co
(b) Address Eolia, Mo

19. (a) 1-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5
year 1946 hour 5: minutes 20 P. M.

21. I hereby certify that I attended the deceased from Dec 12
1945 to Jan 5 1946
that I last saw her alive on Jan 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____ 1318

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: _____

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 _____

23. Signature R. N. Jensen (M. D. or other) _____
Address Manchester, Mo Date signed 1/6/46

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

2134

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.....

George O. Wagner....., Registered Apprentice No.....
working under my personal supervision.

Signed *x George O. Wagner*
Licensed Embalmer No. *3773*
P. O. Address *Parisiana, 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.