

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 No. 1 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18628**
 Registrar's No. **5030**

FILED JUN 13 1946
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1427 Pendleton Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1427 Pendleton Ave.
(If rural, give location)
 (e) Citizen of foreign country? None (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Nathaniel T. Lassiter
 3. (b) If veteran, name war None
 3. (c) Social Security No. 488-07-8905

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30, year 1946 hour 7:45 minute A. M.
 21. I hereby certify that I attended the deceased from April 30 1946 to May 30 1946
 that I last saw him alive on May 30 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Odell Lassiter
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Sept. 10, 1876
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Hypertension
 Duration 10 days 1 year
 Due to _____
 Due to _____
 Other conditions 9/4
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 8 Days 20
 If less than one day hr. min.
 9. Birthplace Rolla, N. C.
(City, town, or county) (State or foreign country)
 10. Usual occupation Fireman

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business Unknown
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Odell Lassiter
 (b) Address 1427 Pendleton Ave.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director J. F. Meade
 (b) Address 407 1/2 Pine
 19. (a) JUN 5 1946 (Date received local registrar) J. F. Meade (Registrar's signature)

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)
 Means of injury _____
 23. Signature Jesse B. Howell (Physician or other) 9/4
 Address 2902 Laclede Date signed 6/3/46

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.....

..... C. T. Nash; Registered Apprentice No.
working under my personal supervision.

Signed.....

C. T. Nash

Licensed Embalmer No.

2432

P. O. Address.....

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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.