

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X3667

#39389
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25456

FILED JUL 22 1946
318

Registration District No. 318
Primary Registration District No. 1003

Registrar's No. 5025

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

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")
(d) Street No. 5338 O'Dell Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN FLETCHER LASLEY
3. (b) If veteran, name war no 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4th
year 1946 hour 1:20 minute A M.
21. I hereby certify that I attended the deceased from 6/24/46
19..... to July 4th 19 46
that I last saw him alive on July 4th 19 46
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora Lasley
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 18 1880
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial Heart Disease
Due to nephrosclerosis
Due to.....
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically...

8. AGE: Years Months Days If less than one day.
65 8 16 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation none

11. Industry or business.....
12. Name Roy Lasley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Lasley
(b) Address 5338 O'Dell Ave.
17. (a) burial (b) Date thereof 7-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) JUL 5 1946 J. F. Bredack
(Date received local registrar) (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)
(e) Means of injury.....
23. Signature W. H. F. H. G. H. G. 1515 Lafayette 7/5/46
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

24306

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 Joseph B. Vollmer
Licensed Embalmer No. 4014
P. O. Address St. Louis, 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.