

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19660
State File No. _____
Registrar's No. 1080

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2465-Oakland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 5-years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2465-Oakland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha E. Lamson

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 7 minute 45 P M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife Thomas V.

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

7. Birth date of deceased: May 25 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 1947 to May 16 1947
that I last saw her alive on May 15 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 11 21 hr. min.

Immediate cause of death Carcinoma of the Urinary Bladder
Due to Metastasis to Lungs & Livers
Due to 328

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name John Wadley

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

14. Maiden name Amanda McCaslan

15. Birthplace Aurora Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Kilgore

(b) Address 2465-Oakland Ave-Overland, Mo.

17. (a) Burial (b) Date thereof 5-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Blairman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 5-19-47 (b) Beulah J. [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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 Roy Campbell (M. D. or other) _____
Address 612 1/2 Base Blvd Date signed 5/17/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Don Marler

Licensed Embalmer No. 4430

P. O. Address Overland, 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.