No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22431

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6414

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

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: Faith Hospt. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7239 Sarah, Ave 3
(If rural, give location)

N.R.

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ruth B. Lazier

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife George Lazier.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 24 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	11	hr. min.

9. Birthplace Webster Groves, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Wagner 0
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret ----?
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant George Lazier
(b) Address 7239 Sarah, Ave. Maplewood Mo.

17. (a) Buriar (b) Date thereof 7/7/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Jay B. Smith.
(b) Address Maplewood Mo.

19. (a) JUL 7 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th.
year 1947 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from 5/19, 1947, to 7—5, 1947
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Non Specific Pneumonia	3 days
Due to: Carcinoma uterus with Metastases to all organs in abdomen and left lung	D.K.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Metastasis to all organs in the abdomen

Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature John A Rogers (M. D. or [illegible])
Address 6693 Delmar Date signed 7/5/47
St Louis 5 Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 4029

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.