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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6621**  
Registrar's No. **1146**

FILED FEB 20 1948  
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 \_\_\_\_\_

(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 C. Starloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 317 1/2 Russell  
Memorial 9  
(If rural, give location)

(e) Citizen of Foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD LAIR

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st  
year 1948 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1/26/48  
Jan 31st 19 48  
that I last saw h. im alive on Jan 31st 19 48  
and that death occurred on the date and hour stated above.

4. Sex Male White  
5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lulu

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
29 1884  
(Day) (Year)

7. Birth date of deceased December 29 1884  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Arteriosclerotic Heart Disease

Due to \_\_\_\_\_

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

<u>63</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____
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Due to Myocardial Infarction / wk

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) 930

9. Birthplace Litchfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Success

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

11. Industry or business \_\_\_\_\_

12. Name William Lair

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

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Lair

(b) Address 317 1/2 Russell

17. (a) Burial (b) Date thereof 2-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Blvd.

While at work \_\_\_\_\_  
(Specify type of place) (Specify type of injury)

23. Signature J. F. Breda 5  
45 Lafayette 2/2/48  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

19. (a) FEB 3 - 1948  
(Date received local registrar)

J. F. Breda  
(Registrar's signature)

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**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 Felix J. Kripin  
Licensed Embalmer No. 3497  
P.O. Address 2201 S. Grand.

**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.**