

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

10323

State File No. 2703

Registrar's No. 2703

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY				a. STATE Missouri		b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION 6426a Oakland Ave.				d. STREET ADDRESS (If rural, give location) 6426a Oakland Ave.							
3. NAME OF DECEASED			4. DATE OF DEATH								
a. (First) Iva			b. (Middle)			c. (Last) Lair					
(Type or Print)						(Month) (Day) (Year) 3/22/51					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH					
Female		White		Single		Mar. 22, 1890					
9. AGE (In years last birthday)			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)				
61			Waitress		Famous Barr Co.		/ Illinois				
							12. CITIZEN OF WHAT COUNTRY?				
							USA				
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE					
Austin Lair			Amanda Skelton			----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME					
No			488-05-2228			Mrs. P. Finger-4414 Oleatha					
18. CAUSE OF DEATH			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion								
			ANTECEDENT CAUSES Coronary Sclerosis								
			DUE TO (b)								
			DUE TO (c)								
			II. OTHER SIGNIFICANT CONDITIONS								
			Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?		
									YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED			21f. HOW DID INJURY OCCUR?						
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			1201						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE				(Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
Patrick E. Taylor				3rd Cov				1300 Clark		3.23.51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
Burial		3/24/51		Mayfield Cemetery			Carlinsville, Illinois				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE					
MAR 23 1951		J. B. Lanter				Wacker-Heldule 3634 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 3128

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.