

FILED APR 17 1942

Registration District No. **701**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **PARK LANE HOSP.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
In this community **LIFE**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis Co. (JENNINGS)**  
(c) City or town **ST. LOUIS Co. (JENNINGS)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4423 JUNE AVE.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2nd**  
year **1942** hour **11:20** minute **A** M.  
21. I hereby certify that I attended the deceased from **March 29**  
19 **42** to **April 2nd** 19 **42**  
that I last saw h. **eb** alive on **April 2nd** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **see above** Duration  
**Generalized carcinomatosis**  
Due to **Primary site**  
**epithelioma**  
Due to **55 yr.**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations **see cause of death**  
Of autopsy

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

3. (a) PRINT FULL NAME **LYDIA MARGARET DAVIES**

3. (b) If veteran, name war **=** 3. (c) Social Security No. **=**

4. Sex **FEMALE** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ERNST DAVIES** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **MAR 1 1903**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **ST. LOUIS Mo 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE.**

11. Industry or business

12. Name **FRED B LINDHORST**

13. Birthplace **ST. LOUIS Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **MINNIE SITTNER**

15. Birthplace **Mo 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernst Davies**  
(b) Address **4423 June Ave.**

17. (a) **BURIAL** (b) Date thereof **APR. 6, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW BETHLEHEM**

18. (a) Signature of funeral director **Benedict Funeral Home**  
(b) Address **936 St. Louis Ave.**

19. (a) **APR 6 1942** (b) **J. F. Predeck**  
(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?  
(Specify type of place) While at work? (e) Means of injury  
23. Signature **Dr. J. Predeck** (M. D. or other) **U**  
Address **4930 Lindell, St. Louis** Date signed **4-3-42**

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

079

NR  
096  
00

**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.....

*Dale Harness*....., Registered Apprentice No. *293*  
working under my personal supervision.

Signed *Felix J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address *1936 St. Louis*

**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.**