

FILED JUL 17 1943 818

Registration District No. 1003

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

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:  
3701 Juniata St. /  
(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

3. (a) PRINT FULL NAME Ann Marie Lancaster

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 26th., 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 2 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name James Lancaster 13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret O'Neill 15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Susan F. Lancaster  
(b) Address 3701 Juniata St.

17. (a) Burial (b) Date thereof 7-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) JUL 9 1943 (b) J.P. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 004 17  
(c) City or town St. Louis 9 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3701 Juniata St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th. year 1943 hour 4 minute 55 p. m.

21. I hereby certify that I attended the deceased from DEC. 5, 1942 to July 8, 1943  
that I last saw her EX. alive on July 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA Duration 5 days

Due to Chlamydiae

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

Other conditions CH. MYOCARDITIS Many Years  
(Include pregnancy within 3 months of death)

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 James H. Cummings (M. D. or dentist)  
Address 444 N. Euclid Date signed 7/9/43

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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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Russell

**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.**