

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21489

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis, Mo. (No. Sanitarium)

File No.
Registered No. 6056
St. Ward

2. FULL NAME

August Lacey
(a) Residence, No. Unknown St. 13 Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 45</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		
11. Total time (years) spent in this occupation <u>10 7/8</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>W. F. McNamee MD</u> (ADDRESS) <u>5400 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis</u> DATE <u>6-8-32</u>		
19. UNDERTAKER <u>Walter Riegler</u> (ADDRESS) <u>3100 1/2 1st St</u>		
20. FILED <u>6/11 29 1932</u> <u>Max E. Standiford</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 16th, 1931, to June 4th, 1932
I last saw him alive on June 4th, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Streptococcus Septicemia 5/31/32
Acute Mastoiditis (left)
Subotal Sinus Thrombosis (D)
Broncho Pneumonia
Other contributory causes of importance:
Acute Mastoiditis (left)
Subotal Sinus Thrombosis
Broncho Pneumonia
Name of operation Mastoidectomy Date of 5/31/32
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William F. McNamee, M. D.
(Address) 5400 Arsenal St

