

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

Do not use this space.

27475

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City *St. Louis* (No. *City Hospital*)

File No.....  
Registered No. *7282*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *1008 Chestnut 25* Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 17-1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*63 4 19*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman 173*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Down Printing*  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England 4*

13. NAME *Sidney Lacy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

15. MAIDEN NAME *Unknown 31*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Aug 8 3*

19. UNDERTAKER (ADDRESS) *John A Collins & Bros 722 North 2nd St St. Louis*

20. FILED *AUG - 8 1932*

**MEDICAL CERTIFICATE OF DEATH**

**4**  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 5 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 16th 1932* to *Aug 5th 1932*  
I last saw him alive on *Aug 5th 1932* Death is said to have occurred on the date stated above at *4:10 P.M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Stomach & Metastasis to Lung & Peritoneum  
Purulent Lobar Pneumonia*

Other contributory causes of importance:  
*ab. B  
466 of L.R.  
478*

Name of operation ..... Date of .....  
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? *No*  
If so, specify .....

(Signed) *M. Moleman* M. D.  
(Address) *City Hospital*

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.

S. NO. 2

Lacy