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

Do not use this space. 30968

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 17638

Township ..... Primary Registration District No. 603 Registered No. .....

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Mr James Lackey

(a) Residence. No. 2609 S Grand St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode) St Louis Mo.

Length of residence in city or town where death occurred ..... 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 25, 1841

7. AGE: Years 92. Months 6 Days ~~20~~ 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not Known
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Down
(STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs S Shaw
(Address): 2609 S Grand

15. FILED SEP 4 1933 J F Biedeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 1 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Sept 1, 1933 that I last saw him alive on Sept 1, 1933, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Uraemia Acute

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97
132 B

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chr. Interstitial Nephr. Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No —

WHAT TEST CONFIRMED DIAGNOSIS? Every

(Signed) W. S. Auffenberg M. D

9/2, 1933 (Address) 3103 Arsenal St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Mathews Cemetery
DATE OF BURIAL: Sept. 5 1933

20. UNDERTAKER: Philip McCraig
ADDRESS: 4460 Washington

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.

OCT 20 1933

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