FEB 23 1937

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

Do not use this space.

File No. 2935

Registered No. 4

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township Jefferson — Primary Registration District No. 4469

City Maplewood (No. 7265, Richmond Place St. Ward)

2. FULL NAME Joseph Earle Lacey

(a) Residence, No. 7265 Richmond Place St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1886.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hamilton
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Thomas Lafyette Lacey

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Mary E. Ware

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

17. INFORMANT Mary E. Trewett
(ADDRESS) 7265 Richmond Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon Cem. DATE Jan. 13, 1937

19. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED Jan 12, 1937 Pauline Breitenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937, to Jan 10, 1937

I last saw him alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

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

	Date of onset
Lobar pneumonia	1/5/37
Weakened hearts	

Other contributory causes of importance: None

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) A. F. Stephens, M. D.

(Address) 4500 Olive St.

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.

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