

AUG - 5 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. Albert Lacen.)

Registration District No. 791  
Primary Registration District No. 1003

File No. 26066  
Registered No. 7240  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

City Infirmary St. Hospital Ward. 13  
(a) Residence, No. 5800 Arsenal St. (If nonresident, give city or town and State)  
(Usual place of abode)

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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1881 ? ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
36 yr. 56 ? ?

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

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

13. NAME Frank Lacen,

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

15. MAIDEN NAME Eliza Murry,

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

17. INFORMANT (ADDRESS) E. Molony,  
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 7-20 1937

19. UNDERTAKER (ADDRESS) W. Richter  
3500 Rutger St

20. FILED JUL 30 1937 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937, to July 10, 1937

I last saw him alive on July 10, 1937. Death is said to have occurred on the date stated above, at 4:30 m. P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None. Date of \_\_\_\_\_  
What test confirmed diagnosis? chronic 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) Jimmy J. Flood, M. D.

(Address) 5600 Arsenal

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.

