

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

32354  
 Do not use this space.

1. PLACE OF DEATH <sup>200</sup> **OCT 12 1939**  
 (a) County Franklin Registration District No. 297  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3016 Registered No. 86  
 (c) City Washington (d) Street No. St. Francis Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred  yrs.  mos. 14 ds. (f) How long in U. S., if of foreign birth?  yrs. mos. ds.

2. PRINT FULL NAME Beatrice B. Lack  
 (a) Residence, No. St. Clair mo. St.  St. Clair mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Paul E. Lack  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
31 7 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Sullivan,  
 (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Henry Allen 0

14. BIRTHPLACE (CITY OR TOWN) Sullivan,  
 (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Dora Vaughn

16. BIRTHPLACE (CITY OR TOWN) Jeffriesburg,  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Paul E. Lack  
 (ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair, Mo. DATE 9/13/39

19. FUNERAL DIRECTOR (NAME) Casey & Lenox  
 (ADDRESS) St. Clair, Mo.

20. FILED Sept. 13 - 39  
H.A. May  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1939 to 9-11, 1939  
 I last saw h. e. alive on 9-10, 1939. Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Pyelonephritis  
Pregnancy  
Parturition (stillborn)  
 Date of onset 8-28-39  
17 1/4

Other contributory causes of importance:  
Pregnancy  
Parturition (stillborn)  
 Name of operation None Date of 8-29-39  
 What test confirmed diagnosis? hab 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) H.M. Lenny, M. D.  
Union Mo.  
 (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *34601*

P. O. Address..... *St. Clair, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**