

34433

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

8971

Registration District No. _____

791

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution 1026 N. 14th Street
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT
FULL NAMEMaryella Lacy3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race col6. (a) Single, widowed, married,
divorced child

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased _____
(Month) (Day) (Year)Apr 10 39

8. AGE:

Years

Months

Days

If less than one day

✓610

hr.

min.

9. Birthplace _____
(City, town, or county)St. LouisMo.
(State or foreign country)

10. Usual occupation _____

none

11. Industry or business _____

MOTHER FATHER

12. Name _____

Major Lacy13. Birthplace _____
(City, town, or county)Ark.
(State or foreign country)

14. Maiden name _____

Mable Brown15. Birthplace _____
(City, town, or county)Little Rock Ark.
(State or foreign country)

16. (a) Informant's own signature _____

Mable Lacy

(b) Address _____

1026 N. 14th St17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof _____

10 21 39
(Month) (Day) (Year)

(c) Place: burial or cremation _____

Washington Pk.

18. (a) Signature of funeral director _____

A. F. Walton

(b) Address _____

2727 Stoddard St19. (a) _____
(Date received local registrar)OCT 21 1939(b) _____
(Signature)J. H. [Signature]

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 1026 N. 14th St
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year _____ hour 11 minute 2 M.21. I hereby certify that I attended the deceased from
Oct. 19th, 1939, to Oct 20th, 1939;
that I last saw her alive on Oct 20th, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute Gastroenteritis

Duration

Due to ingestion of food
caused by improper
Due to foodOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place) (e) Means of injury _____

23. Signature A. F. Walton (M. D. or other) _____Address 823 N. 16th St Date signed 10/21/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Not embalmed
CF

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.....

P. O. Address.....

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.