

12387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 8 1940

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 577

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town HapeWood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HapeWood Nursing Home 2200 Bredell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community 200
years, months or days

3. (a) PRINT FULL NAME Alexander Lackey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Lackey

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 13 1856
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>83</u> | <u>7</u> | <u>9</u> | hr. _____ min. _____ |

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Dept Manager

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Lackey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Rogers

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Lackey

(b) Address 627 W Lockwood Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3-25-40
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Louis B. Bopp

(b) Address 131 W Argonne Dr Kirkwood, Mo

19. (a) MAP 22 1940
(Date received local register)

(b) R. M. Mays MD
(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 627 W Lockwood Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22nd
year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 11, 1940, to March 22, 1940, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|--|---------------|
| Due to <u>Hyperstatic Pneumonia</u> | <u>2 days</u> |
| <u>Parox.</u> | |
| Due to <u>Infirmities of old age</u> | |
| Other conditions <u>Arterio Sclerosis</u> <small>(Include pregnancy within 3 months of death)</small> | |

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 10.7W

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? Yes

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Theo. J. Riel (M. D. or other) _____
Address 7465 Hazel, Maplewood Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Louis H Bagg

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H Bagg

Licensed Embalmer No. *921*

P. O. Address *Kirkwood 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.