

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23908

FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6250

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5258 Cote Brilliante
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether)

In this community Life
years, months or days

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. 5258 Cote Brilliante
(If rural, give location)

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

3. (a) PRINT FULL NAME Edwin J. Lackland

3. (b) If veteran, name war: ---

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife: Tillie 6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: February 6, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>22</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Postal Employee

11. Industry or business

12. Name Samuel Lackland

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

14. Maiden name Unknown Cooney

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tillie Lackland
(b) Address 5258 Cote Brilliante

17. (a) Burial (b) Date thereof 7/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Welders
(b) Address 3634 Gravois Ave.

19. (a) JUL 30 1941 (b) J. Biedock
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 3 minute 45 p.m.

21. I hereby certify that I attended the deceased from Feb. 3, 1937, to July 28, 1941
that I last saw him alive on July 28, 1941
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Pectoris
Aneurysm of Brilliantion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
4 yrs
4 m

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 Jos. P. Berman (M. D. or other) 0
Address 1225 - no. grand Date signed 7/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 8 1941

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.....

Robert Cochran

Licensed Embalmer No.....

2128

P. O. Address.....

172 Cecil M

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, fact should be so stated above.