V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 3748

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1C

State File No. 35607

Registrar's No. 9829

1. PLACE OF DEATH:
(a) County 722 North 23th St.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 722 North 23th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Allen Lacy

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April (Month) 11, (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Sammiel Lacy
13. Birthplace ? (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Tennie Allen
15. Birthplace Clumber (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Helen Lacy
(b) Address 722North 23th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) NOV 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1942 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 11-9- 19 42 to 11-20 19 42
that I last saw him alive on 11-20- 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration — Duration 8-15-42
Due to Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations not done
Of autopsy not done

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 J. C. Shepard (M. D. ~~or other~~)
Address 2702a Franklin Date signed 11-23-42

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2831 Easton Ave.

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.