

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

333 N. D. Williams
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 754

Primary Registration District No. 117

Registrar's No. 2743

96
7
4

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

Howard J. To 5

1. USUAL RESIDENCE OF DECEASED:

(a) County St Louis
 (b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
627 W. Lockwood
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Lackey

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alexander Lackey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 10 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Housewife

12. Name Wm. H. Truslove

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

14. Maiden name Elizabeth White

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

16. (a) Informant Mrs J. Louis Lanz
 (b) Address 627 W. Lockwood, Webster Groves

17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Louis H. Briggs, Inc.
 (b) Address 1514 Brynmore Dr. Kirkwood, Mo.

19. (a) DEC 24 1942 (b) C. E. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1942 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from July 1942 to Dec 23 1942 that I last saw her alive on Dec 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Hypertension
 Due to Arthritis Splanchnica
 Due to Involved

Other conditions Involved
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

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 O. DeKane (M. D. or other) MD
 Address 105 W. Lockwood Date signed 12/24/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

707

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Wirkwood, 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, fact should be so stated above.