

No. 2  
2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22432 ✓

State File No. \_\_\_\_\_

JUN 25 1943

Registration District No. 217

Primary Registration District No. 3069

Registrar's No. 1417

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Mary's Hospital  
(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)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Barger Place  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME David L. Lacy

3. (b) If veteran, name war World War #1

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 Della M. Faust

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 15, 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Accountant

11. Industry or business Self

12. Name Wm. Lacy

13. Birthplace U. S. A.  
(City, town, or county) (State or foreign country)

14. Maiden name Lynch Edwards

15. Birthplace U. S. A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Della M. Lacy

(b) Address 1120 Barger Place

17. (a) removal (b) Date thereof 6/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Auburn, Ill.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUN 10 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to June 16, 1943, that I last saw h. IM alive on June 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis

Duration 5 mo.

Due to Chron. valvular Heart Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Same. 92d

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) Manner of injury ✓

23. Signature R. Kusella (M. D. CONROCK)

Address 3720 Washington Blvd. Date signed 6/16/43

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

JUL 28 1994

JUL 28 1994

**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..... 1994  
P. O. Address.....

JUL 30 1994

**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.**