S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 36586

Registrar's No. 10532

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 17
(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 N. 18th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Lacey

3. (b) If veteran, name war none,

3. (c) Social Security No. 4940-75-503,

4. Sex male

5. Color or race col

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

6. (b) Name of husband or wife Lela Lacey

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov (Month) 16th (Day) 1899. (Year)

8. AGE: Years 44 Months -0- Days 13- If less than one day hr. min.

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

10. Usual occupation Utility-man,

11. Industry or business Hotel Jefferson,

FATHER
12. Name Will Lacey,
13. Birthplace (City, town, or county) Mississippi. (State or foreign country)

MOTHER
14. Maiden name Ella Foley,
15. Birthplace (City, town, or county) Mississippi. (State or foreign country)

16. (a) Informant Ella Lacy
(b) Address 1611, Cole, Street, St Louis, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Dec 4th 43. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetry

18. (a) Signature of funeral director R C Houston Jr
(b) Address 2812 Thomas St, St Louis Mo.

19. (a) DEC 1 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29, year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from November 16, 1943 to November 29, 1943 that I last saw him alive on November 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction — Duration 14 days

Due to from adhesions post-operation four years ago for appendicitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 122

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. M. Jackson (M. D. or other)
Address 3601 Whittier Date signed 11/29/43

(Licensed Embalmer's Statement on Reverse Side)

Embalmers separate Certificate to be file

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas, StLouis, 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.