

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 11356

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:
1915a So. Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 39 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1915a So. Jefferson
Alien Reg. #4473644 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cecelia Lacks (also known as Cella Lacks)

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jacob Lacks 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 9 hr. min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Meyer Lookofsky

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shapiro

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Newroth

(b) Address 1915a So. Jefferson

17. (a) burial (b) Date thereof 12/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) DEC 19 1943 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1943 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 17 1943 to Dec. 17 1943

that I last saw her alive on Dec. 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

Signature R. Berry (M. D. or other)

Address 2253 Nebraska Ave. Date signed 12/18/43

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

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.....

P. O. Address.....

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.