No. 2
—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 JUN 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16513

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4693

1. PLACE OF DEATH:

(a) County None

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2312 ~~None~~ / Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County None

(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2312 Walnut St.
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Georgie Lacy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Dec. 25, 1881 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business None

FATHER
12. Name Johnson Owen
13. Birthplace Union, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Liccie McMahomes
15. Birthplace Madison Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address 2312 Milnt St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director C. J. Nash
(b) Address 5847 Page & Bal.

19. (a) MAY 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 11 minute 39 M.

21. I hereby certify that I attended the deceased from 5-19, 1944, to 5-19, 1944; that I last saw her alive on 5-19, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	Unknown
Chr. Nephritis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature S. E. Smith (M. D. or other)
Address 11 N. Jefferson Date signed 5-20-44

(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~~ at 3847 Page Boul, Registered Apprentice No. ..... working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Boul.

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.