

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **510**
Registrar's No. **159**

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

31298
FILED JAN 20 1945 318

Registration District No. _____ Primary Registration District No. _____

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:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 Street No. 5004 Delmar Blvd.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Russell Lyday

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Russell Lyday. 6. (c) Age of husband or wife if alive Dec'D years
 7. Birth date of deceased November 28, 1873.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
 year 1945 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/3/45
 _____, 19____, to 1/6/45, 19____;
 that I last saw h. im alive on 1/6/45, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis of L. Artery

Due to _____

Due to _____

Other conditions 1/24
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

10. Usual occupation retired Mail Carrier.

11. Industry or business _____

MOTHER FATHER { 12. Name James Lyday. 0
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Jessie Russell.
 15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jack S. Lyday.
 (b) Address Pauls Valley, Oklahoma.

17. (a) Cremation (b) Date thereof 1-8-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966-68 Easton Avenue.
JAN 8 1945 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature James Lyday (b) Date 1/6/45
 Address 1515 Lafayette Date signed _____

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.

Not Embalmed

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.