

FILED NOV 24 1948 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9880

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: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 25 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 5738 Abbia Terrace
W.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Lacefield

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-05-1081

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased October 15 1918
(Month) (Day) (Year)

8. AGE: Years 30 Months 0 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Madison - Granite City Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Lothe Operator

11. Industry or business Emerson Electric

MOTHER FATHER { 12. Name Olen Lacefield
13. Birthplace UNK Ill.
(City or town, or county) (State or foreign country)
14. Maiden name (UNKNOWN) CALVERT
15. Birthplace UNK Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lacefield
(b) Address 5738 Abbia Terrace

17. (a) Burial (b) Date thereof Nov. 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellfountain Cemetery

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) NOV 15 1948 (b) J. B. Lassater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 ch
year 1948 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Cerebral Artery

Due to 9/6

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____

23. Signature _____ (M. D. or other) _____
Date signed 11/15/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Anthony J. Michel*.....

Licensed Embalmer No. *4277*.....

P. O. Address..... *St. Louis*.....

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.