

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

756

State File No. 9

BIRTH NO. 140 REG. DIST. NO. 3018 PRIMARY REG. DIST. NO. 3018 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS 101	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) J. Lattig	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 8, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer	10b. KIND OF BUSINESS OR INDUSTRY Terminal RR	11. BIRTHPLACE (State or foreign country) Penn	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Henry Lattig	13b. MOTHER'S MAIDEN NAME Ellen Cummins	14. NAME OF HUSBAND OR WIFE Julia Lattig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Salem, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc... It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary carcinoma (metastatic)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) uncertain DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2
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22. I hereby certify that I attended the deceased from **Nov. 1948**, to **1-6, 1949**, that I last saw the deceased alive on **1-1-1949**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. D. Lee, MD.	23b. ADDRESS	23c. DATE SIGNED 1-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/8/49	24c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY LOCAL REG. Jan 7 49	REGISTRAR'S SIGNATURE M. M. Hart	25. FUNERAL DIRECTOR'S SIGNATURE M. D. 83 Paul T. Spencer	ADDRESS Salem, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

~~Case Filed~~
~~1-12-49~~
~~District File Number~~
~~14931~~
District Health Officer No. 5
RECEIVED 1-10-49

FEB 1 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

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.