

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

25026

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 6411

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY
c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION	<u>3036 Fair Avenue</u>		<u>10-3036 Fair</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lydia</u>	b. (Middle)	c. (Last) <u>Lackland</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 22 1949</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>July 3, 1898</u>	9. AGE (In years last birthday) (Months) (Days)	IF UNDER 1 YEAR (Hours) (Min.)	IF UNDER 4 HRS. (Hours) (Min.)
				<u>21</u>	<u>0</u>	<u>19</u>

10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>at home</u>	<u>none</u>	<u>St. Louis, Mo.</u>	

13a. FATHER'S NAME <u>Harry Kraemer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Casey</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. C. Lackland</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm C. Lackland</u>	ADDRESS <u>3036 Fair ave</u>
<u>no</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of sigmoid colon</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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)
		<u>H. Hill</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>152X</u>
--	--	--

22. I hereby certify that I attended the deceased from Mar 11, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 6:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur S. Swadlow, M.D.</u>	23b. ADDRESS <u>2702 University St.</u>	23c. DATE SIGNED <u>7/23/49</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JUL 24 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Jaster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Row Land Co.</u>	ADDRESS <u>2707 N. Grand Blvd</u>
---	---	---	-----------------------------------

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stanley H. Dixon

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4193

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.