

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1949

318

State File No. 38948
3229

1003

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis.		c. LENGTH OF STAY (In this place) 8-26-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital			d. STREET ADDRESS (If rural, give location) 1338 Belt Ave.		
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle) Lacey	
c. (Last)		4. DATE OF DEATH		Nov. 3 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 2, 1858		9. AGE (In years last birthday) 91		10. MONTHS _____	
11. DAYS _____		12. HOURS _____		13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Meter Repair		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas		11. BIRTHPLACE (State or foreign country) Birmingham, Australia	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Bertie Lacey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Bertie Lacey		ADDRESS 1338 Belt Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 2 yrs					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) and Hypertension					
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) 102	
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? H H H X	
22. I hereby certify that I attended the deceased from Aug 26, 19 49 to Nov. 3, 19 49 that I last saw the deceased alive on Nov. 3, 19 49, and that death occurred at 1:45 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Masao Ohnishi M.D.		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 11/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) Normandy, Mo.		24e. (State) _____		24f. _____	
DATE REC'D BY LOCAL REG. NOV 4 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 5653

P. O. Address St Louis, Mo.

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.