S. No. 300
v. 10.48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38950

State File No. 10103

BIRTH NO. 76046-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 6

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton

d. STREET ADDRESS (If rural, give location): UR- 9312 Astor

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Robert c. (Last) Lacy

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1949

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Nov. 18, 1949

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 5; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Michael E Lacy

13b. MOTHER'S MAIDEN NAME: Elletta Jones

14. NAME OF HUSBAND OR WIFE:

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.:

17. INFORMANT'S SIGNATURE OR NAME: Michael Lacy ADDRESS: 9312 Astor Affton.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Broncho-pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital agenesis of eosophagus
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Congenital agenesis of eosophagus (at level of rt. Bronchus)

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1573

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 75182

22. *I hereby certify that I attended the deceased from* Birth 11/18, 1949, *to* 11/23, 1949, *that I last saw the deceased alive on* 11/23, 1949, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] F.A.C.S.

23b. ADDRESS: 380 P Wilmington Ave.

23c. DATE SIGNED: 11/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 11-25-49

24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 25 1949

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: J L Ziegenhein & Sons ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

10103

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 Frank J. Downs

Licensed Embalmer No. 2245

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.