

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7070
625
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8815 Litzinger Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8815 Litzinger Road</u>		e. STREET ADDRESS <u>8815 Litzinger Road</u>	

3. NAME OF DECEASED (Type or Print) <u>Annie Emma Lorlace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1950</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 18, 1864</u>	9. AGE (In years last birthday) <u>85</u>	10. IF UNDER 1 YEAR Months <u>3</u>	11. IF UNDER 24 HRS. Days <u>10</u>	12. IF UNDER 24 HRS. Hours <u>10</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nottingham England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry J. Haines</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beresford</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Levi Lorlace</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>443X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William White</u>	18. ADDRESS <u>8815 Litzinger Rd</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular disease hypertensive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-6-43 - to 3-8-50</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			443X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 10-6-1943, to 3-8-1950, that I last saw the deceased alive on 2-10-1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur W. Westrup, M.D.</u>	23b. ADDRESS <u>Webster Groves Mo</u>	23c. DATE SIGNED <u>3-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL <u>MAR 10 1950</u>	REGISTRAR'S SIGNATURE <u>Berbert R. Double</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull-Campbell</u>	ADDRESS <u>9215 Lindell</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

100-1

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 Ray E. Campbell

Licensed Embalmer No. 3881

P. O. Address _____

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.