

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6347  
State File No. 1003  
Registrar's No. 1311

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				H. STREET ADDRESS (If rural, give location) <u>4649 EASTON AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) _____		c. (Last) <u>Lassiter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-16-1900</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HR. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KROGER'S BAR. CO</u>		11. BIRTHPLACE (State or foreign country) <u>Blyssville, ARK</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>ALLEN LASSITER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Lassiter Easton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>TRIP</u>					
22. I hereby certify that I attended the deceased from <u>1-29</u> , 19 <u>51</u> , to <u>2-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>51</u> , and that death occurred at <u>7</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Larson W. Harris M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>2-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO</u>		
DATE REC'D BY LOCAL REG. <u>FEB 9 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lascater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. F. WALTON 2707 STODDARD ST.</u>			

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**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

*Arthur L. Heilbard*

Licensed Embalmer No. *4291*

P. O. Address *4740<sup>e</sup> Couffles Pl*

**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.