

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35307

State File No.

FILED NOV 2 1951

318

1003

Registrar's No. 9096

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Washington</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>15</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>2129</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>				f. STREET ADDRESS (If rural, give location) <i>5414 Delmar</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sam</i>		b. (Middle) _____		c. (Last) <i>Lackey</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 12 1951</i>	
5. SEX <i>Male 2</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <i>Widowed 2</i>		8. DATE OF BIRTH <i>July 2, 1910</i>	
9. AGE (In years last birthday) <i>36</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salvage</i>		11. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <i>Clarksdale, Miss.</i>	
13a. FATHER'S NAME <i>Sam Lackey</i>		13b. MOTHER'S MAIDEN NAME <i>Carrie Williams</i>		14. NAME OF HUSBAND OR WIFE <i>None.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>489-22-1064</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frylander Lackey 3001 Caroline</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Primary Hepatoma</i> ANTECEDENT CAUSES DUE TO (b) <i>Undetermined</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>None</i> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
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? <i>155X</i>			
22. I hereby certify that I attended the deceased from <i>9-23</i> , 19 <i>51</i> , to <i>10-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-12</i> , 19 <i>51</i> , and that death occurred at <i>3</i> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Larsen W Harris M.D.</i>		23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>10-15-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/16/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>		24d. LOCATION (City, town, or county) (State) <i>Demary Missouri</i>	
DATE REC'D BY LOCAL REG. <i>10-15-51</i>		REGISTRAR'S SIGNATURE <i>E. L. Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. H. Burke 212 Carroll</i>			

WRITE PLAINLY—USING UNFADEING 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

Theodore J. Yandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge, St

- 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.