

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35841

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3498

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton c. LENGTH OF STAY (In this place) 209.

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4151

d. STREET ADDRESS (If rural, give location) 6122 Grimshaw Ave. /

3. NAME OF DECEASED (Type or Print)

a. (First) Bernard b. (Middle) H. c. (Last) Lackey

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 24, 1951

5. SEX male D

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Oct-12-1910

9. AGE (In years last birthday) 41
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) Inspector

10b. KIND OF BUSINESS OR INDUSTRY Ordinance Plant

11. BIRTHPLACE (State or foreign country) Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lloyd Lackey

13b. MOTHER'S MAIDEN NAME Georgia Heaton

14. NAME OF HUSBAND OR WIFE Wilma Jackson Lackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 290-10-9131

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Georgia Smith - 6122 Grimshaw

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) Cause unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) _____ 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)
7955

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

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hubert R. Drehmann (Registrar or official)
Local Registrar, Vital Statistics Dept.

23b. ADDRESS 651 S. Brentwood, Clayton, Mo.

23c. DATE SIGNED 10-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-26-51

24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.

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

DATE REC'D BY LOCAL REG. 10-26-51

REGISTRAR'S SIGNATURE Hubert R. Drehmann M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd

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

for 2
3

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 Warren A. Carver

Licensed Embalmer No. 3534

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.