

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

AUG 23 1952

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7470**

|                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri.</b> b. COUNTY <b>2470</b> |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Mo. 0</b>                                                                                                                                                     |  | c. LENGTH OF STAY (In this place)<br><b>1 Day</b>                                                                                                                                                                                                                      | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis 0</b>                                       |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                        | d. STREET ADDRESS (If rural, give location)<br><b>7 5302 Queens Avenue</b>                                                               |                                                                                     |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Roy</b>                                                                                                                                                                                                |  | b. (Middle) <b>Morris</b>                                                                                                                                                                                                                                              |                                                                                                                                          | c. (Last) <b>Lacy</b>                                                               |  |
| 4. DATE OF DEATH <b>Aug. 3, 1952</b>                                                                                                                                                                                                                        |  | 5. SEX <b>Male 0</b>                                                                                                                                                                                                                                                   |                                                                                                                                          | 6. COLOR OR RACE <b>White</b>                                                       |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                                                                                                                                    |  | 8. DATE OF BIRTH <b>June 30, 1905</b>                                                                                                                                                                                                                                  |                                                                                                                                          | 9. AGE (In years last birthday) <b>47</b>                                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Civil Engineer</b>                                                                                                                                        |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Hough Cowgur Co.</b>                                                                                                                                                                                                           |                                                                                                                                          | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo. 0</b>       |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                               |  | 13a. FATHER'S NAME<br><b>James F. Lacy</b>                                                                                                                                                                                                                             |                                                                                                                                          | 13b. MOTHER'S MAIDEN NAME<br><b>Jennie Morris</b>                                   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Grace Lacy</b>                                                                                                                                                                                                       |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                  |                                                                                                                                          | 16. SOCIAL SECURITY NO.<br><b>492-22-4806</b>                                       |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Grace Lacy, 5302 Queens Avenue</b>                                                                                                                                                                             |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Sarcoma (retroperitoneal lymph nodes)</u></b><br><b>2. OTHER SIGNIFICANT CONDITIONS <u>arthritis - jaundice</u></b> |                                                                                                                                          | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH                           |  |
| 19a. DATE OF OPERATION<br><b>July 10</b>                                                                                                                                                                                                                    |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Sarcoma retroperitoneal lymph nodes</b>                                                                                                                                                                                         |                                                                                                                                          | 20. AUTOPSY?<br>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)                                                                                                                                                                                                             |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                 |                                                                                                                                          | 21f. HOW DID INJURY OCCUR?<br><b>201X</b>                                           |  |
| 22. I hereby certify that I attended the deceased from <b>Apr 17, 1952</b> , to <b>Aug 3, 1952</b> , that I last saw the deceased alive on <b>Aug 2, 1952</b> , and that death occurred at <b>5:15 A.M.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                     |  |
| 23a. SIGNATURE<br><b>Llewellyn Solo</b> (Degree or title) <b>m. x</b>                                                                                                                                                                                       |  | 23b. ADDRESS<br><b>4500 Olive</b>                                                                                                                                                                                                                                      |                                                                                                                                          | 23c. DATE SIGNED<br><b>8/4/52</b>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                  |  | 24b. DATE<br><b>8-6-1952</b>                                                                                                                                                                                                                                           |                                                                                                                                          | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cemetery</b>                 |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>                                                                                                                                                                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Math Hermann &amp; Son Inc.</b>                                                                                                                                                                                                 |                                                                                                                                          | ADDRESS<br><b>2161 E. Faie Ave.</b>                                                 |  |
| DATE REC'D BY LOCAL REG.<br><b>AUG 6 1952</b>                                                                                                                                                                                                               |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>                                                                                                                                                                                                                       |                                                                                                                                          |                                                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harner H. Jentz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.