

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1953

State File No. 22629

No. 30
10.48

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 11			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O'Fallon Rural		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Driving on Hgw. 79				d. STREET ADDRESS (If rural, give location) 4220 W. Cook 2219					
3. NAME OF DECEASED (Type or Print) a. (First) Harold		b. (Middle) Alfred		c. (Last) Lacy		4. DATE OF DEATH (Month) (Day) (Year) June 19 1953			
5. SEX 2 male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 1 1903			
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Marshall		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Palestine Texas			
11. BIRTHPLACE (State or foreign country) Palestine Texas		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James A. Lacy		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Gertrude Lacy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Lacy 4220 W. Cook St. Louis			
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) Automobile Accident ANTECEDENT CAUSES skull fracture and internal injuries. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) injuries. 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 <input type="checkbox"/> NO <input type="checkbox"/>		092			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dardene Township St. Charles MO.					
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? held inquest					
22. I hereby certify that I attended the deceased from _____, 19____, to 6/20/53, 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: (Degree or title) Marie Marshall Carson				23b. ADDRESS Wentzville Mo		23c. DATE SIGNED June 20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 20 53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis MO.			
DATE REC'D BY LOCAL REG June 22-53		REGISTRAR'S SIGNATURE Ea Reichly 280		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry 4202 Finney		ADDRESS			

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

1953 JUL 20 1953

SEP 8 1953

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 Embalmer No.....

Signed.....

E. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address O'Fallon Mo.

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.