

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37368
9523

State File No.
Registrar's No.

FILED OCT 23 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 7 Weeks	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Will'am Lee Lashley		a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10 2 53
5. SEX male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 9-28-05
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Walter Lashley	
13b. MOTHER'S MAIDEN NAME Anna McAllester		14. NAME OF HUSBAND OR WIFE Minnie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W. # 1&2		16. SOCIAL SECURITY NO. 489-03-9656	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Lashley, 1031a Lafayette, St. Louis, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? 154X	
22. I hereby certify that I attended the deceased from 7-28, 1953, to 10-2, 1953, that I last saw the deceased alive on 10-2, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE S. R. Edwards Jr. M.D.		23b. ADDRESS 1515 Lafayette	
23c. DATE SIGNED 10-3-53		23d. NAME OF CEMETERY OR CREMATORY National Cemetery	
23e. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		23f. DATE REC'D BY LOCAL REG. OCT 5 1953	
23g. REGISTRAR'S SIGNATURE J. Carl Smith MD		23h. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo	

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.....
Signature of Student Embalmer

Signed *H. Y. Farris*

Licensed Embalmer No. *338*
P. O. Address *230 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.