

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6473**
Registrar's No. **2001**

FILED MAR 15 1954
BIRTH NO. _____ 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, Mo.		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5634 Cates		e. STREET ADDRESS (If rural, give location) 5 5634 Cates	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lay c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 2, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-11-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 23 Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John G. Lay		13b. MOTHER'S MAIDEN NAME Helena Duessel	14. NAME OF HUSBAND OR WIFE Ella Lay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Lay 5634 Cates, St. Louis, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrillation heart ANTECEDENT CAUSES DUE TO (b) Cardiac failure DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4222			
22. I hereby certify that I attended the deceased from March 2, 1954 , to March 3, 1954 , that I last saw the deceased alive on March 2, 1954 , and that death occurred at 4:20 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Fred W. Clark M.D.		23b. ADDRESS 864 Hamilton Blvd St. Louis 12, Mo.	
23c. DATE SIGNED 3-3-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-4-54	
24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
DATE REC'D BY LOCAL REG. MAR 3 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 322 S. Grand Blvd.			

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

Dr. J. Fred Clark
864 Hamilton

1 pm.

Under care Dr. W. P. Edmann, 3146 Morganford St. Louis - under
I saw patient on March 2nd, 1954. He fully concurs in diagnosis
3-3-54
J. Fred Clark, M.D.

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 *Laird Van Fossan*

Licensed Embalmer No. *424*

P. O. Address *6322 So. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.