

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10776**

No. 300
10.48

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

BIRTH NO. FILED APR 7 1954		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 580	Registrar's No. 680
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WELDON VILAGE 9 E 780		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS (If rural, give location) 7301 St. Charles Rock Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Helen c. (Last) Lancaster		4. DATE OF DEATH Mar. 17, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 23, 1872	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS		11. BIRTHPLACE (City and State or Foreign Country) New Orleans, Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Blair Lancaster		
13b. MOTHER'S MAIDEN NAME Ellen Wells		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME St Vincent's Hospital Records ADDRESS 7301 St. Charles Rock Rd.
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) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) generalized arteriosclerosis		years
		DUE TO (c) Diabetes mellitus		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 160X		20. AUTOPSY? 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12/5, 1949 , to 3/17, 1954 , that I last saw the deceased alive on 3/16, 1954 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Joseph A. Costello M.D.		23b. ADDRESS 2407 N. Bluff St. St. Louis Mo		23c. DATE SIGNED 3/17/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-18-54		24c. NAME OF CEMETERY OR CREMATORY MARILLAC
24d. LOCATION (City, town, or county) (State) NORMANDY Mo		25. FUNERAL DIRECTOR'S SIGNATURE Walter Kelly ADDRESS 7267 Natl Bridge		
DATE REC'D BY LOCAL REG. 3/17/54		REGISTRAR'S SIGNATURE Robert R. Sorenson		

(Licensed Embalmer's Statement on Reverse Side)

1984

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 James A. Lamson
Licensed Embalmer No. 4142

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.