

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20833
Registrar's No. 4803

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 Mo b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis c. LENGTH OF STAY (in this place) 2 WKB. c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Firmin Desloge Hospital e. STREET ADDRESS (If rural, give location) 3675 Wilmington 2019

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) F c. (Last) Lalla 4. DATE OF DEATH (Month) (Day) (Year) May 29, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Apr 19, 1896 9. AGE (In years) last birthday 58 IF UNDER 1 YEAR Months Days IF UNDER 15 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Range Assembler 11. BIRTHPLACE (City and State or Foreign Country) Germany 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred R Lalla 13b. MOTHER'S MAIDEN NAME Augusta Foerster 14. NAME OF HUSBAND OR WIFE Frances Lalla

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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Lalla 3675 Wilmington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis 1 yr.
ANTECEDENT CAUSES DUE TO (b) Carcinoma of lung 1 yr.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amyotrophic Lateral Sclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 163X

22. I hereby certify that I attended the deceased from Jan 18, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954 and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Paper M.D. 23b. ADDRESS 1925 So. Grand 23c. DATE SIGNED 5/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 5/31/54 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. JUN 1 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois

(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 Donald E. Berg..... Student Embalmer No. 1852 working under my personal supervision..

Student Donald E. Berg.....
Signature of Student Embalmer

Signed G. P. Kidwell.....
Licensed Embalmer No. 3877
P. O. Address 7027 Gray

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.