

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 433 6		d. STREET ADDRESS (If rural, give location) 921 Westgate	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Blanche c. (Last) Lacy			4. DATE OF DEATH (Month) 4 (Day) 4 (Year) 55				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/5/1898	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR - Months _____ Days _____		IF UNDER 1 YEAR - Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) High Gate, Missouri			
13a. FATHER'S NAME John Giesler			13b. MOTHER'S MAIDEN NAME Emma Pruitt		14. NAME OF HUSBAND OR WIFE Walter Lacy		
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 Walter Lacy		ADDRESS 921 Westgate	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Grippe DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Leukemia				INTERVAL BETWEEN ONSET AND DEATH 4-2-55 3-21-55 not known	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) St. Louis St. Louis			
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? _____		2044	
22. I hereby certify that I attended the deceased from 3-23 , 19 55 , to 4-4 , 19 55 , that I last saw the deceased alive on 4-4 , 19 55 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. F. Royer MD (Degree or title) _____				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 4/5/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/7/55		24c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery		24d. LOCATION (City, town, or county) (State) High Gate, Mo.	
DATE REC'D BY LOCAL REG. APR 6 1955		REGISTRAR'S SIGNATURE J. Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.	

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

Dr. Roufa Jos. F.
539 N. Grand

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Alfred J. Boelker*
Licensed Embalmer No. *2063*
P. O. Address *1125 Adams*

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.