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Reg.No.9123 SL-488
FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24004
Registrar's No. 5406

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand St.Louis,Mo.
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
STREET ADDRESS (If rural, give location) 3319a Lawton 2219

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) (none)
c. (Last) LACY

4. DATE OF DEATH (Month) (Day) (Year) 6-20-55

5. SEX 2 MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH 12-27-1896

9. AGE (In years last birthday) 58
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and State or Foreign Country) Columbia, Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ephrom Lacy

13b. MOTHER'S MAIDEN NAME Ada Parker

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 497075229

17. INFORMANT'S SIGNATURE OR NAME VA HOSP RECORDS
ADDRESS 915 N.Grand, St. Louis, Mo.

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) RECURRENT CARCINOMA OF LUNG WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS.

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 163X

22. *I hereby certify that I* VA *attended the deceased from* 6-13, 1955, *to* 6-20, 1955, ~~that I last saw the deceased alive on~~, *and that death occurred at* 6:00pm., *from the causes and on the date stated above.*

23a. SIGNATURE R.W. Minnihan
(Degree or title) M.D.
R.W. Minnihan

23b. ADDRESS VAH, ST. LOUIS, MO.

23c. DATE SIGNED 6-20-1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/23/55

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) Jefferson Barracks (State) Mo.

DATE REC'D BY LOCAL REG. JUN 22 1955

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry
ADDRESS 4202 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.