

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6802**  
**864**  
Registrar's No. ....

FILED FEB 17 1956

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS CITY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>ST. LOUIS CITY</b>
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>5560 Pershing</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>LG CLARE</b>			b. (Middle) <b>NMN</b>		c. (Last) <b>LAVE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 24 1956</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>8/24/77</b>		9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES MAN</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WAYNESVILLE MO</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>MORGAN LAVE</b>			13b. MOTHER'S MAIDEN NAME <b>OPHELIA SUTTON</b>			14. NAME OF HUSBAND OR WIFE <b>Ellen</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>			16. SOCIAL SECURITY NO. <b>UNK</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M. RICHARD CARLIN MD. ST. LUKE'S HOSP.</b>					

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) <b>CEREBRAL EDEMA</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SURGERY (TRANSURETHRAL RESECTION PROSTATE)</b> DUE TO (c) <b>CARCINOMA OF PROSTATE</b>								<b>7 DAYS</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>								<b>3 YEAR</b>	

19a. DATE OF OPERATION <b>17 Jan 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF PROSTATE</b>						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) <b>177 X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **1-11**, 19**56**, to **1-24**, 19**56**, that I last saw the deceased alive on **1-23**, 19**56**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Richard Carlin MD</b>				23b. ADDRESS <b>607 No. GRAND St. Louis MO</b>				23c. DATE SIGNED <b>1-25-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-24-56</b>		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) <b>Naylor, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>JAN 25 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>					
--	--	---	--	--	--	---	--	--	--	--	--

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Clara R. Caldwell*

Licensed Embalmer No. *467*

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