

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7623**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **304**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Hill</b>		c. LENGTH OF STAY (In this place) <b>20 Yrs.</b>	c. CITY OR TOWN <b>Rock Hill</b> <b>4631</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>740 N Rock Hill Rd.</b>			e. STREET ADDRESS (If rural, give location) <b>740 N Rock Hill Rd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b> b. (Middle) <b>DOUGLAS</b> c. (Last) <b>LANCASTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-31-1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-23-1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor (Ret.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edward Lancaster</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Douglas</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Lancaster</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W.# 1 488-03-9121</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. C.A. Hurt 101 Sylvester Ave.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
			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 <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)		<b>7955</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) <b>Local Registrar</b>			23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>2-10-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-3-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-1-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Groves</b>		ADDRESS <b>Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15th Lockwood*

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.