

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11020

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3173

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4222 Florence		e. STREET ADDRESS 10 4222 Florence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) DENNIS E LACEY			4. DATE OF DEATH (Month) (Day) (Year) Mar 28, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 19, 1877		9. AGE (in years) 78
10a. USUAL OCCUPATION Watchman		10b. KIND OF BUSINESS OR INDUSTRY Library		11. BIRTH PLACE (City and State or Foreign Country) England	
13a. FATHER'S NAME John Lacey		13b. MOTHER'S MAIDEN NAME Mary Landreth		14. NAME OF HUSBAND OR WIFE Mary Lacey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dr. John H. Lacey, 4222 Florence	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardiopathy		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pericarditis & anemia	
		DUE TO (c) Arteriosclerosis			
		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 422.1		20. AUTOPSY? YES <input 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)	
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?	

22. I hereby certify that I attended the deceased from 2-13, 1956, to 3-27, 1956, that I last saw the deceased alive on 3-27, 1956, and that death occurred at 2:41 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. White, M.D.		23b. ADDRESS 1105 S. Central Ave		23c. DATE SIGNED 7-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 31, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. (State)		24f. DATE REC'D BY LOCAL REG. MAR 29 1956	
24g. REGISTRAR'S SIGNATURE Pearl Smith, M.D.		24h. ADDRESS 2400 North St.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	

(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 *Bill Branson*.....

Licensed Embalmer No.....

P. O. Address *4764*.....

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