

X
No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28721**
7623
Registrar's No.

FILED SEP 6 1956

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital		e. STREET ADDRESS (If rural, give location) 21 706 N. Ewing	

3. NAME OF DECEASED (Type or Print) a. (First) Dale b. (Middle) c. (Last) Lacy	4. DATE OF DEATH (Month) (Day) (Year) 8 - 22 - 56
5. SEX Male	6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1 - 25 - 1878
9. AGE (In years last birthday) 78	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Jackson Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Forest Lacy	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-07-4754	17. INFORMANT'S SIGNATURE OR NAME Loirine Barrera	ADDRESS 506 N 5th Champ
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination followed by lacerated blood vessel due to fractured pelvis and fractured hip suffered when struck by car operated by one Alphonse Caraway, (Col) of junior section of Highway and Delmar Avenue		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. Fractured pelvis and fractured hip		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Shot at 20 am, Aug 12, 1956
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 12 56 2:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? D E 812.4
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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 **4:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patric Taylor Carver	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8.16.56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/17/56	24c. NAME OF CEMETERY OR CREMATORY Washington Planetary	24d. LOCATION (City, town, or county) (State) St. Louis County - Mo.
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DATE REC'D BY LOCAL REG. AUG 16 1956	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Jackson Funeral Home	ADDRESS 2642 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Donald W. Rhye*

Licensed Embalmer No. *4207*

P. O. Address *4415 24th*

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.