

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. **14928**
Registrar's No. **3749**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3749	
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. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		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 Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 237 1/2 2713 Eads Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) J.		c. (Last) Lackey		4. DATE OF DEATH (Month) (Day) (Year) 4/16/57	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 9-1901	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trust Officer		10b. KIND OF BUSINESS OR INDUSTRY Banking Business		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Lackey		13b. MOTHER'S MAIDEN NAME Sarah Buckley		14. NAME OF HUSBAND OR WIFE Edna Phelan Lackey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Edna Lackey ADDRESS 2713 Eads Ave. St. L. 4. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Carcinoma of liver Carcinoma of Pancreas Cardio-vascular hypertensive disease DUE TO (b) Hypertensive disease DUE TO (c) Acute cholecystitis II. OTHER SIGNIFICANT CONDITIONS Chronic arthritis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 wks 6 wks 8 years 6 wks 28 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Chr. arthritis				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) _____		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 1/14 , 19 49 , to 4/16 , 19 57 , that I last saw the deceased alive on 4/16 , 19 57 , and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. J. Mehan (Degree or title) MD				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 4/18/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/57		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 19 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur		ADDRESS 3125 Lafayette Ave.	

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 *Thomas R. Fenwick*.....

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.