

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19542

State File No. _____

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. ³¹⁷ ~~1317~~ PRIMARY REG. DIST. NO. 541 Registrar's No. 1331

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton and Heights</u>		c. LENGTH OF STAY (in this place) <u>20 1/2</u>	c. CITY OR TOWN <u>Rural-St. Chas. twsp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <u> </u> No <u> </u>	
e. STREET ADDRESS (If rural, give location) <u>Triple "B" Trailer Court</u>		920	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Lacalle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 20, 1913</u>
9. AGE (in years last birthday) <u>44</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>2</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ex. mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell Aircraft</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nanticoke, Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Adam Lacalle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Shichalski</u>	14. NAME OF HUSBAND OR WIFE <u>Ann Peyton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W. W. # 2 195-09-8999</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Lacalle</u> ADDRESS <u>St. Charles Co., Mo</u>	
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) <u>Fall in which a fractured neck was sustained</u>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	PRECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>McDonnell Aircraft</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400 St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 22, 1957 7:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Working on platform which was about 15 feet above a lower platform, when for an undetermined reason he fell to the lower platform</u>	
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 (Degree or title) <u>Raymond Haid</u> Coroner	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>5/28/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 27, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roanoke Rapids, North Car.</u>
DATE REC'D BY LOCAL REG. <u>5-24-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donlemp</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Dellinger & Son Co. St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1958

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 *Frank R. Amalson*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

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.