

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46677**
Registrar's No. **3234**

FILED JAN 7 1958

BIRTH NO. _____ REG. DIST. NO. **219** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 week		e. STREET ADDRESS (If rural, give location) 515 Ivanhoe Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) R.	c. (Last) LANCASTER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4 Days 12	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Dept.	10b. KIND OF BUSINESS OR INDUSTRY City of Webster Gr.	11. BIRTHPLACE (City and State or Foreign Country) Webster Groves, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edw. Lancaster	13b. MOTHER'S MAIDEN NAME Elizabeth Douglas	14. NAME OF HUSBAND OR WIFE Emma Lancaster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE 493-36-0548	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Lancaster	ADDRESS 515 Ivanhoe, Webster Gr.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia with empyema		days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease with hypertension years DUE TO (c) Diabetes mellitis years		
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? 260X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 19, 1941**, to **Dec. 18, 1957**, that I last saw the deceased alive on **Dec. 18, 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Eleonore Allister M.D. (Degree or title) M.D.	23b. ADDRESS 204 E. Big Bend	23c. DATE SIGNED 12-20-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/57	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 12-21-57	REGISTRAR'S SIGNATURE Robert R. Donato M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Hoffm. Kirkwood	ADDRESS Mo.
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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 *Francis J. Wyland Jr*
Licensed Embalmer No. *4512*

P. O. Address *Richard, Ill*

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.