

Health,
Welfare
Public
Service

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3970

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 201

300
-57

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, give TOWNSHIP only) OR TOWN Brentwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brentwood 45110		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2808 Brentwood Blvd.			Length of stay in 1b 14 Yrs.		d. STREET ADDRESS (If outside, give location) 2808 Brentwood Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IRVIN Middle THOMAS Last LORTS				4. DATE OF DEATH Month January Day 19, Year 1958				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-29-1893		9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Barbering		11. BIRTHPLACE (City and state or country) St. James, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas W. Lorts			13b. MOTHER'S MAIDEN NAME Laurie Cole			14. NAME OF HUSBAND OR WIFE Divorced		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Cuban Rebellion			16. SOCIAL SECURITY NO. 507-14-3487		17. INFORMANT Address Irvin Lorts - as above			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leiomyosarcoma of Suddenum							INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____								
DUE TO (c) 1520								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ g.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from May 10, 58 to Jan 19, 58 and last saw her/him alive on Jan. 15, 58 Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Michael Dulick (Degree or title) M.D.				22b. ADDRESS 9012 Manchester Rd.		22c. DATE SIGNED 1-20-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-22-58	23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery		23d. LOCATION (City, town, or county) (State) Oak Grove, Mo.			
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. 1-22-58		26. REGISTRAR'S SIGNATURE Herbert B. Donohed		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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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 *J. Allen Lewis*
Licensed Embalmer No. *24053*
P. O. Address *SKL*

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.