

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27822-58

58-016060

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4647

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity		Length of stay in 1b 2 1/2		d. STREET ADDRESS (If outside, give location) 5560 Delmar Apt. 3	
3. NAME OF DECEASED (Type or print) First Lackner Middle Lackner Last Lackner			4. DATE OF DEATH Month April Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 17, 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 16 Hours 50 Min.	
11a. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? United States			
13a. FATHER'S NAME Lewis Henry Lackner		13b. MOTHER'S MAIDEN NAME Judith Ann Makrauer		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT Address Lewis and Judith Lackner 5560 Delmar	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelctasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity DUE TO (c) 762.5					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
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 3:50 Month, Day, Year P			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 April 17, 1958 , to April 19th and last saw ^{her} him alive on April 19, 1958 Death occurred at 3:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Marshall S. Sherman, M.D.			22b. ADDRESS 950 Francis Pl. Clayton, Mo.		22c. DATE SIGNED 4-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) 4-30-58		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23d. LOCATION (City, town, or county) St. Louis, Mo.			23e. (State)		
24. FUNERAL DIRECTOR Rowland-Allen 404 Manchester		ADDRESS		25. DATE RECD. BY LOCAL REG. APR 30 '58	
26. REGISTRAR'S SIGNATURE Charles Smith M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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

Licensed Embalmer No.....

P. O. Address.....

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.