

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 8 weeks		c. CITY OR TOWN Pine Lawn		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6320 Woodland		
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM CHARLES LACKLAND				4. DATE OF DEATH Month Day Year September 14 1960				
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/7/1894		
				9. AGE (last birthday) 66 years		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Room Keeper			10b. KIND OF BUSINESS OR INDUSTRY Lincoln Engineering		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Lackland			13b. MOTHER'S MAIDEN NAME Catherine Cooney			14. NAME OF HUSBAND OR WIFE Lydia M. Lackland		
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. 488 10 1716		17. INFORMANT Mabel Lackland - 6320 Woodland Ave		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease <i>Arteriosclerotic Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH About April 1958 <i>(2 1/2 years)</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.0								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Generalized arteriosclerosis & Nephrosclerosis <i>Generalized arteriosclerosis & nephrosclerosis</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 1958 to Sept 14, 1960 and last saw ^{her} him alive on Sept. 14, 1960 . Death occurred at 11:50 11:15 P.M. ^{pm} on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Sylvester A. Flette (Print or title) M.D.				22b. ADDRESS 8700 Riverview Blvd. 8700 Kennew Blvd.		22c. DATE SIGNED 9-16-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept. 17, 1960		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri		
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave				25. DATE RECD. BY LOCAL REG. SEP 16 1960		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Pietsch

Licensed Embalmer No. 4329

P. O. Address St. Louis

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.