

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022863

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6243 STATE FILE NUMBER

AMENDED

**FILED JUL 13 1961**

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 <u>St. Louis,</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis-Little Rock Hospitals, Inc.,</u>		c. CITY OR TOWN <u>St. Louis, Jennings</u>	
Length of stay in 1b <u>1 day-7 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>1917 Switzer Avenue</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First <u>Jacob</u> Middle <u>-</u> Last <u>Lomax</u>			Month <u>July</u> Day <u>4,</u> Year <u>1961</u>				
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
<u>Male</u>	<u>White</u>		<u>Sept. 15, 1877</u>	<u>83 yrs.</u>	Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Car and Foundry Co</u>		11. BIRTHPLACE (City and state or country) <u>McEwen, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lomax</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dalton</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lomax</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Mary Lomax, 1917 Switzer Avenue</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Arteriosclerosis, arteriosclerotic</u>	
DUE TO (b)	<u>Heart Disease, Atrial Fibrillation</u>	<u>1/2 hr.</u>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
<u>331x</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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	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 1960 to July 4, 1961 and last saw her alive on July 4, 1961.  
Death occurred at 4:13 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John A. Hartwig M.D.</u>	(Degree or title)	22b. ADDRESS <u>1755 South Grand Blvd.</u>	22c. DATE SIGNED <u>7-5-61</u>
---	-------------------	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/5/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McEwen City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>McEwen, Tennessee</u>
---	----------------------------	---	---

24. FUNERAL DIRECTOR <u>Math Hermann &amp; Son., Inc.</u>	ADDRESS <u>2161 E. Fair St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 5 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>
--	---	---	--

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Welford G. Barnley

Licensed Embalmer No. 4302

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.