MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6672 STATE FILE NUMBER 61-027036

AMENDED

FILED JUL 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospt.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4144 Westminister Pl.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Joseph; Middle; Last Lacy
4. DATE OF DEATH: Month 7; Day 16; Year 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-21-13
9. AGE (last birthday): 48
IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Factory
11. BIRTHPLACE (City and state or country): Mississippi
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Emmett Lacy
13b. MOTHER'S MAIDEN NAME: Louella Tedder
14. NAME OF HUSBAND OR WIFE: Sarah Lacy Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Leon Lacy 6467 Moll Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound right side of head,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Self inflicted in home, July 16, 1961.
DUE TO (c): Suicide
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 976x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY: Hour ? a.m. p.m.; Month, Day, Year 7-16-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo; COUNTY; STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 7/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-19-61
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: J.W. Clark F.H.
ADDRESS: 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG.: JUL 18 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4511

P. O. Address St Louis, Mo.

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.