

318

1003

8286

STATE FILE NUMBER

AMENDED

Registration District No. **FILED SEP 18 1961**

Primary Registration District No. Registrar's No.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 7/9/62
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3101 Henrietta				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3101 Henrietta St.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Harold G Lacy						4. DATE OF DEATH Month Day Year Sep. 5, 1961							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sep. 16 1910		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Berkley Const. Co.		11. BIRTHPLACE (City and state or country) Patton Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME George E. Lacy				13b. MOTHER'S MAIDEN NAME Sarah Kitchen				14. NAME OF HUSBAND OR WIFE Wilma Tallent					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2						17. INFORMANT Address Wilma Lacy 3101 Henrietta							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of stomach DUE TO (b) _____ DUE TO (c) 151X 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. <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 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 2-1-61 to 9-5-61 and last saw her/him alive on 8-30-61 Death occurred at 7:15 A.M. 9-5-61 on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E.P. Scott (Degree or title) <i>E. P. Scott</i>						22b. ADDRESS 3258 Lafayette <i>3258 Lafayette</i>				22c. DATE SIGNED 9/6/61 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/8/61		23c. NAME OF CEMETERY OR CREMATORY Patton		23d. LOCATION (City, town, or county) Patton Missouri							
24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette				25. DATE RECD. BY LOCAL REG. SEP 6 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>							

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 Thomas R. Renwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.