

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9223 -61 034647 DATE OF DEATH

FILED OCT 13 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | |
|---|----------------------------------|---|---|---|---|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b <u>50 yrs</u> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1908 Laflin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1908 Laflin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>McDole</u> Last | | | 4. DATE OF DEATH Month <u>10</u> - Day <u>4</u> - Year <u>61</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-22-1873</u> | 9. AGE (last birthday) <u>88 yrs</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and state or country) <u>Dotson Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>George Lacy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unk</u> | | 14. NAME OF HUSBAND OR WIFE — | | | |
| 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. — | | 17. INFORMANT <u>Alice Brown</u> Address <u>1908 Laflin</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERNAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | | <u>Chronic</u> <u>Heart Disease</u> | | | | | |
| DUE TO (b) | | <u>Arteriosclerosis</u> | | | | | |
| DUE TO (c) | | <u>Rheumatoid Arthritis</u> | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| 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 checked="" 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.) <u>592x</u> | | | |
| 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 <u>Sept 21</u> to <u>Oct 4</u> and last saw her alive on <u>Oct 4</u> | | Death occurred at <u>3A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Edward M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>3000^a Easton Ave</u> | | | DATE SIGNED <u>10-6-61</u> | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>10-9-61</u> | | 23c. LOCATION (City, town, or county) <u>Washington Park St. Louis Co., Mo.</u> | | 23d. STATE <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Manuel L Unde</u> | | ADDRESS <u>C. 1711 N. Taylor</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT 6 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> | |

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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.