

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9024 67 0037099
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9024

FILED OCT 5 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> Length of stay in 1b <u>2 wks.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u></p> <p>c. CITY OR TOWN <u>Overland, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2805 Woodson Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>E.</u> Last <u>Lahay</u></p>	
<p>4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1967</u></p>	
<p>5. SEX <u>M</u></p>	<p>6. COLOR OR RACE <u>W</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-4-1885</u></p>
<p>9. AGE (last birthday) <u>81</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Albert Lahay</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Unknown</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Della E. Lahay</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)</p>
<p>16. SOCIAL SECURITY NO. <u>494-07-0778A</u></p>	<p>17. INFORMANT <u>Harry E. Lahay-6822 Burkemo Ct., 63129</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinoma of Bladder - widespread metastases</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____</p> <p>_____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1964</u> to <u>Sept 27, 1967</u> and last saw her/him alive on <u>Sept 27, 1967</u></p> <p>Death occurred at <u>9/27/67</u> <u>8 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Caron M Bernstein MD</u></p>	<p>22b. ADDRESS <u>7171 Delmar St Louis Mo</u></p>
<p>22c. DATE SIGNED <u>SEP 29 1967</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>	<p>23b. DATE <u>9-30-1967</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>St. Ann, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Baimann Bros. Inc.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>SEP 29 1967</u></p>
<p>25. ADDRESS <u>2504 Woodson Rd., Overland, Mo. 63114</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Harold Smith. M.D.</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED
1 10/30/67
2
3
4 0
5 1
6
7 0
8 1
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12 61-0
13

61

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 David C. Gibson

Licensed Embalmer No. 3454
P. O. Address St. L. 14200

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.