DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 313014

OCT 14 1939 791

Registration District No. 1003 Primary Registration District No. Registrar's No. 8367

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No. 4246 W Garfield (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Ralph 410

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 15, 1888 (Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Unemployed

FATHER
12. Name ~~Perry Harris~~ Unknown
13. Birthplace ~~Saint Louis Co.~~ Unknown, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Ralph
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Helen Ralph
(b) Address 4246w North Market Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/1939 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) SEP 29 1939 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1939 hour 6 minute 10 p. M.

21. I hereby certify that I attended the deceased from 9/24/39, 19..., to 9/26/39, 19...; that I last saw him alive on 9/26/39, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	5 days
Due to --	
Due to --	
Other conditions Abscess, Mediastinal (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations --
Of autopsy --

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 9/27/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19811

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 James A. Johnson, Registered Apprentice No. ,

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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 this body is not embalmed, above space should be left blank.