

JAN 12 1939

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10727**1. PLACE OF DEATH: **1003**

(a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4344 Manchester Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 30 yrs (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME Lyden B. Royce 2003. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Lulu 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased July 4, 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 5 10 hr. min.9. Birthplace Barre, Vermont
(City, town, or county) (State or foreign country)10. Usual occupation Merchant11. Industry or business Confectionery12. Name Dan D. Royce ?13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)14. Maiden name Unknown ?15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Lulu Royce(b) Address 4344 Manchester17. (a) Burial (b) Date thereof 12/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers Gem18. (a) Signature of funeral director C. W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) DEC 15 1939 (b) [Signature]
(Date received and registered) (Date entered on record)2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____
 (c) City or town St. Louis 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4344 Manchester Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 14 day _____
year 1939 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from
Nov - 1, 1939 to Dec. 14, 1939;
that I last saw him alive on Nov - 14, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Tuberculosis of the lungs ?
Duration _____

Due to _____

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)Major findings: [Signature]
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?

While at work? 1 (Specify type of place) (e) Means of injury 323. Signature G. P. Seast (M.D. or other) DD
Address 4356 a Manchester Date signed 12-15-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. R. Cooper*.....

Licensed Embalmer No. *5693*.....

P. O. Address *2317 1/2 Fayette*.....

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.