

S. No. 2
-11-10-39
v. 5-17-39
X21492

FILED APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 9357
Registrar's No. 2840

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hosp.
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 3019 Hickory
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lionel Richard Like

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2- day 19th
year 1940 hour 2 minute 50 a m.

3. (b) If veteran, name war. 3. (c) Social Security No.

21. I hereby certify that I attended the deceased from 2-16- 19 40 to 2-19- 1940;
that I last saw him alive on 2-19- 1940;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced.

Immediate cause of death Bronchopneumonia, primary

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 14- 40 years

Due to 107A
Due to
Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased (Month) 2- (Day) 14- (Year) 40

PHYSICIAN
Major findings: Of operations Bronchopneumonia
Of autopsy

8. AGE: Years Months Days If less than one day 5 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business
MOTHER FATHER { 12. Name Ralph Like
13. Birthplace Ill.
14. Maiden name Noia Sanders
15. Birthplace Wright City Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant Ruth May Shrad
(b) Address 2601 N Whittier
17. (a) (b) Date thereof 3-28-40
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept.

23. Signature G. E. Peace (M. D. or other)
Address 2601 N Whittier Date signed 3-25-40

19. (a) MAR 27 1940 (b) J. P. ...

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.