

V. S. No. 2  
OM-9-4-41  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 13 1942 791

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 5565

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether)

In this community 19 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 006  
13

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
022

(d) Street No. 2224 Walnut  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Harry Douglass

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,  
year 1942 hour 6 minute 20 A. M.

4. Sex Male 5. Color or race Negro

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

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

7. Birth date of deceased. February 1, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19, 1942, to May 28, 1942;  
that I last saw him alive on May 28, 1942;  
and that death occurred on the date and hour stated above.

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

54 3 27 hr. min.

Immediate cause of death Pulmonary Tuberculosis 136  
73 Unknown

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations .....  
Of autopsy .....

10. Usual occupation Nil.

11. Industry or business.....

12. Name Joe Douglas

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Lafore

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Shelley Smith  
(b) Address 2601 Whittier  
(c) Place: burial or cremation Washington

17. (a) Date thereof 6-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? .....

18. (a) Signature of funeral director W. Richter  
(b) Address 3500 Rutger St

19. (a) JUN 29 1942 (Date received local registrar) (b) J. F. Budeak (Registrar's signature)

While at work? (Specify type of place) (c) Means of Injury 0

23. Signature J. E. Smith (M. D. or other)  
Address 2601 Whittier Date signed 6-1-42

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

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17  
9

MOTHER FATHER

Autonomal Anom

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**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, fact should be so stated above.**