

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19543**

FILED JUN 29 1942 791

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5222**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 3639 Keokuk St.
(If not in hospital or institution, write street number or location)

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

In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 12

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

(d) Street No. 3639 Keokuk St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lloyd Epps

3. (b) If veteran, name war Spanish-American

3. (c) Social Security _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1942 hour 12:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 20 1877
(Month) (Day) (Year)

Immediate cause of death _____
Chronic Hypertrophic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

Major findings:
Of operations _____

Of autopsy _____

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

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name B.R. Epps

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

14. Maiden name Unknown

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

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? _____ Means of injury _____

(e) Signature Thomas F. Callera (M.D. or other) _____
Address Deputy Coroner Date signed 6/17/42

16. (a) Informant Eva Epps

(b) Address 3639 Keokuk St.

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

(c) Place: burial or cremation National Cem. Barracks

18. (a) Signature of funeral director Thomas H. Halderson

(b) Address 3634 Graves Ave.

19. (a) JUN 17 1942 (b) _____
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

100
120
99

844

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

Frank J. Ryland

Licensed Embalmer No.

2675

P. O. Address

St. Louis Mo

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.