

S. No. 2
 BM-5-42
 v. 5-17-39
 X32873

38640

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 10530

FILED DEC 29 1942
 Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 000

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Missouri
 (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..... 1 mo. 11 days
 In this community..... 6 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No...... 2325a LaSalle
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Raymond Deloch
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... December day..... 15,
 year..... 1942 hour..... 3 minute..... 36 A.M.
 21. I hereby certify that I attended the deceased from..... November
4, 1942 to..... December 15, 1942
 that I last saw him alive on..... December 15, 1942
 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..... 0
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Meningitis
Prop. Meningococci
 Due to.....
 Due to.....

7. Birth date of deceased..... 1936
 (Month) (Day) (Year)
 8. AGE: Years..... About 6 Months..... Days..... If less than one day..... hr. min.

Duration..... 1 mo. 7 10 days
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

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

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?.....

11. Industry or business.....
 12. Name..... Wm. Deloch
 13. Birthplace..... Macon, Ga.
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Emma Daley
 15. Birthplace..... St. Louis
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Wm. Deloch
 (b) Address..... 2325 a LaSalle

While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature..... J. F. Braddock (M. D. or other).....
 Address..... 2601 W. Hittler Date signed..... 12/17/42

17. (a) Burial..... (b) Date thereof..... 12 19 42
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... Washington Park Cemetery
 18. (a) Signature of funeral director..... A. L. Beal Und. Co.
 (b) Address..... 2726 Lucas Ave.
 19. (a) Date received local registrar..... DEC 17 1942 (b) Registrar's signature.....

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. 3387

P. O. Address St. Louis

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.