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675

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1067**

FILED FEB 9 1943
Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 Days**
(Specify whether _____)
In this community _____
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. **2855 Lemp Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Baby Record**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **1**
year **1943** hour **10:50** minute _____ A.M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 19, 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 19, 1943** to **February 1, 1943**
that I last saw him alive on **February 1, 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
12 hr. min.
9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

Immediate cause of death
**Newborn
Nursery epidemic
bronchitis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
10/7

MOTHER FATHER
12. Name **Lon Record**
13. Birthplace **Leeper, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Anita Lewis**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **Pneumonia**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Lon E. Record**
(b) Address **2855 Lemp Avenue**
17. (a) **Burial** (b) Date thereof **2/2/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS Peter & Paul**
18. (a) Signature of funeral director **Frank Heller**
(b) Address **3634 Gravois Avenue**
19. (a) **FEB 2 1943**
(Date of local registration) (b) **J. J. Prudeak**
(Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. J. Prudeak** (M. D. or other) _____
Address **1515 Lafayette Avenue,** Date signed **2/1/43**

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.....

Frank J. Dyland
.....
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.