

V. S. No. 2
50M-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12665
Registrar's No. 3931

Registration District No. Primary Registration District No. 1003

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Tondelyle Ray
3. (b) If veteran, name war..... No.....
3. (c) Social Security No.....

4. Sex..... Female 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
7. Birth date of deceased..... 4 4 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
NE 6 hr. min.

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

10. Usual occupation.....
11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace..... 9
(City, town, or county) (State or foreign country)
14. Maiden name..... Bessie Mae Ray
15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Arthur Mayo Howard, R.D.
(b) Address..... 2601 N Whittier Street

17. (a) Burial (b) Date thereof..... APR 29 1943
(Burial, cremation, or removal) (City or town) (County) (Year)
(c) Place: burial or cremation..... CITY CEMETERY

18. (a) Signature of funeral director..... H. Werschman
(b) Address..... City Herald Dept

19. (a) APR 28 1943 (b) J. F. Brebeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... 000 17 921
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2615 Lawton Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... 4 day..... 10
year..... 43 hour..... 7 minute..... 30 a. M.
21. I hereby certify that I attended the deceased from..... 4-4-43
..... 1943, to..... 4-10, 1943
that I last saw h. er. alive on..... 4-10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hemorrhagic Disease of New Born
Prematurity - Jaundice
Due to..... Unknown
Due to..... Unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy..... yes - as above

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?
While at work?..... (Specify type of place) (e) Means of injury..... 0
23. Signature..... E. P. Dicker (M. D. or other)
Address..... 2601 N. Whittier St. Date signed..... 4-23-43

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.