

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29535

State File No.

FILED OCT 6 1944 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 8241

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 20 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County B.B.
(c) City or town St. Louis
(d) Street No. 718 S. 6th Street
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 29
year 44 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from 8 - 9
19 44 to 8 - 29 19 44
that I last saw h. er. alive on 8 - 29 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 9 44
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia; Prematurity
Due to Unknown
Due to Unknown
Other conditions
Major findings: Of operations
Of autopsy As above
Duration

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

10. Usual occupation
11. Industry or business
12. Name
13. Birthplace
14. Maiden name Mary Alice Lampkins
15. Birthplace Osecola Arkansas

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

MOTHER FATHER

16. (a) Informant Mary T. Duvall
(b) Address 2601 N. Whittier Street
17. (a) Burial (b) Date thereof SEP 28 1944
(c) Place: burial of CITY CEMETERY
18. (a) Signature of funeral director V. B. Hudson
(b) Address City Health Dept.
19. (a) SEP 27 1944 (b) J. F. Bredeek
(Date received local registrar) (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?
(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 W. H. Sunkler (M. D. or other)
Address 2601 N. Whittier St. Date signed 9-22-44

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.....

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.