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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10688

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 661

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town South Kinloch, St. L. Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none (Died at Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town So. Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. 60 Wesley St
(If rural, give location)

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

3. (a) PRINT FULL NAME MARK ROYAL.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race Col

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased 2 (Month) 21 (Day) 45 (Year)

8. AGE: Years none | Months none | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Clayton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Wm. H. Royal
13. Birthplace Madison Co., (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Odell Peebles
15. Birthplace Pickens Co., (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Earline Royal - Grandmother
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 13 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director Boyd Bros. York
(b) Address Tiff Sidney

19. (a) MAR 13 1945 (Date received local registrar) (b) E. G. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1945 hour 12 minute ? A.M.

21. I hereby certify that I attended the deceased from 11 30 PM. 9 March, 1945, to 11 45 P.M. 9 March 1945; that I last saw him alive on March 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Insufficient clinical evidence to state cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Fred E. Lawrence (M. D. or other) M.D.
Address 601 S. Brentwood Clayton (5) Mo. Date signed 3/10/45

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed

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.