

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

18844

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4915**

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **7 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. **5463 Delmar Blvd.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **SAMUEL J. ROYSTON, Sr.**

3. (b) If veteran, name war No. 3. (c) Social Security No. **495-39-8968**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
 year **1946** hour **5** minute **A.** M.

21. I hereby certify that I attended the deceased from **5-20-46**,
 to **5-31-46**,
 that I last saw him alive on **5-30-46**
 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 **Widower**

6. (b) Name of husband or wife **Georgina Royston** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **January 28, 1880**
(Month) (Day) (Year)

Immediate cause of death.....
Pneumonia of Right Lung
Death Terminal Pneumonia

Due to.....
 Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 4 3 hr. min.

9. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Samuel Royston**

13. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Samuel J. Royston, Jr.**
 (b) Address **5463 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **6-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oakdale Cemetery**

18. (a) Signature of funeral director **E. B. ...**
 (b) Address **1221 North Grand Blvd.**

19. (a) **JUN 2 1946** (b) **J. F. Brudick**
(Date received local Registrar) (Registrar's signature)

Major findings:
 Of operations.....

Of autopsy **Complete Pneumonia of Rt. Lung with Terminal Pneumonia**

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) (Means of injury)
 23. Signature **J. A. ...** (M. D. or other)
 Address **3200 Lucas ave** Date signed **6/1/46**

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

17722

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..... *Therese Handell*

Licensed Embalmer No. *4243*

P. O. Address..... *957 N. E. 8th Ave
Yorkston, Ontario*

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.