N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 24 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42054

File No.
Registered No. 435

1. PLACE OF DEATH
County Saint Louis — Registration District No. 1123
Township — Primary Registration District No. 6248 B
City Jefferson Barracks (No. Kochs Hospital St. Ward)

2. FULL NAME Herman Lafayette Mebane
(a) Residence, No. 1702 North Whittier St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st, 1919

7. AGE: Years 16 — Months 4 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Unavailable
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Wynn
(STATE OR COUNTRY) Arkansas

FATHER
13. NAME Edward Mebane
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Fannie Davis
16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Mississippi

17. INFORMANT Alice Leona Kelly
(ADDRESS) 1702 North Whittier Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wynn Ark. DATE Dec 28 1935

19. UNDERTAKER Charlie J. Yates
(ADDRESS) 4107 Finney Avenue

20. FILED Dec. 26 1935 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1935, to December 26, 1935
I last saw him alive on December 25, 1935. Death is said to have occurred on the date stated above, at 6:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	April 1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-Ray Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Aaron E. Landy, M. D.
(Address) ~~Jefferson Barracks~~, Missouri
Koch Hospital, Koch