

# MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31102

Do not use this space.

**1. PLACE OF DEATH**

(a) County Enroute to Hospital Registration District No. 1003  
 (b) Township ..... Primary Registration District No. .... Registered No. 8539  
 (c) City St. Louis, Mo. (d) Street No. En route City Hospital #2 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Willie Lee Royal

(a) Residence, No. 4926 Laclede St. 12 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 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) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
About 40

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ida Taten  
 (ADDRESS) 3907 Enright St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 9/29/38

19. FUNERAL DIRECTOR (NAME) F. I. Garner  
 (ADDRESS) 2829 Washington

20. FILED SEP 29 1938 A. Bredeck  
 Local Registrar.

**NO MEDICAL CERTIFICATE OF ATTENDANCE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) (9/25/38) 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Ruptured Aneurysm (Descending Aorta)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 of injury in any way related to occupation of deceased? No  
 If so, specify

(Signed) W. H. Perry  
 (Address) Deputy Coroner

**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 Raymond C. Lih...

James Registered Apprentice No. 3985, working under my personal supervision.

Signed Ray C. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo

**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, above space should be left blank.**