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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30862

Primary Registration District No.

Registrar's No. 7925

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1235 S. 14th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Burnell Lay

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 17, 1930 (Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Schoolboy

11. Industry or business

FATHER
12. Name Cecil Lay
13. Birthplace Bunker, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gladys Davis
15. Birthplace Bunker, Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecil Lay
(b) Address 1235 S. 14th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/39 (Month) (Day) (Year)
(c) Place: burial or cremation Bunker, Mo

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) SEP 14 1939 (Date received local registrar) (b) J. B. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14, year 1939 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from September 6, 1939 to September 14, 1939 that I last saw him alive on September 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia (Staphylococcus aureus) — Duration

Due to Osteomyelitis tibia staphylococcus aureus

Due to Non tubercular

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations Ame 9/6/39

Of autopsy

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 A. Mench (M. D. or other)

Address 1515 Lafayette Date signed 9/14/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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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. L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayett

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.