V. 6 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37125

REC'D NOV 9 1939

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1945

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dead on arrival (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 729 Erskine ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Lorraine DeLarber 461

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September 13.1922 (Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Student

11. Industry or business Hancock High School

FATHER
12. Name Mathew DeLarber
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lurah Hart
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mathew DeLarber

(b) Address 729 Erskine ave. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hoffmeister Nr L Co.

(b) Address 7814 S. Broadway

19. (a) NOV 6 1939 (Date received local registrar) (b) D. R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1939 hour 8 minute 30PM M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident. Struck by an automobile while a pedestrian on a public highway. Duration 11/4/39

Due to Fracture of the skull

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210 mo

Of autopsy 21

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) accident

(b) Date of occurrence Nov 4, 1939

(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway. (Specify type of place)

While at work? no (e) Means of injury struck by aut

23. Signature John O'Connell (M. D. or other)

Address Coroner of St. Louis County Date signed 11/6/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X19511

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 Edwin H. Leibinger

Licensed Embalmer No. 4079

P. O. Address 6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.