

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4746

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(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: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 18 d
(Specify whether _____)
In this community 12 yrs.
(years, months or days)

3. (a) PRINT FULL NAME Nellie Mae Lemonds

3. (b) If veteran, name war child 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1927
(Month) (Day) (Year)

8. AGE: Years 13 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Senath, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business child

12. Name Robert

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

14. Maiden name Myrtle Robenbaum

15. Birthplace Senath, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Kenna

(b) Address 500 So. Kings Highway

17. (a) Burial (b) Date thereof June-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) MAY 31 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 1822 1/2 Elliott
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour nine minute 25 P.M.

21. I hereby certify that I attended the deceased from February 11, 1940, to May 29, 1940
that I last saw her alive on May 29, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, recurrent Duration _____
? Mesulloblastoma; malignant

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Brain tumor, l. parieto-occipital PHYSICIAN _____
Of operations _____
Of autopsy Left occipital-parietal frontal lobe involvement of tumor tissue. Underlines 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature James Korp (M. D. or other) _____
Address James Hosp. Date signed 5-30-40

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 Lafayette

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.