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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **6365**

**AUG 6, 1942**  
7911

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days** (Specify whether  
In this community **30 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")  
(d) Street No. **3316 Laclede Ave.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lamarr Haley**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **9**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2/4/1909**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**33 5 19** hr. min.

9. Birthplace **Marinna Ark** (City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur For Self**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Guss Haley**  
13. Birthplace **Marinna Ark** (City, town, or county) (State or foreign country)  
14. Maiden name **Crie**  
15. Birthplace **Marrina Ark** (City, town, or county) (State or foreign country)

16. (a) Informant **Guss Haley**  
(b) Address **3116 Laclede Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/29/42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson Cem**  
18. (a) Signature of funeral director **Pinkie L Toney**  
(b) Address **3129 Lucas Ave**

19. (a) **JUL 28 1942** (Date received local registrar) **J. F. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23,**  
year **1942** hour **12** minute **50 P.** M.  
21. I hereby certify that I attended the deceased from **July 16,** 19**42,** to **July 23,** 19**42**  
that I last saw him alive on **July 23,** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Prob. Rheumatic Heart Disease with Decompensation**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
**Unk.**  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **S. E. Smith** (M. D. or other) **AD**  
Address **2601 Whittier** Date signed **7/25/42**

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

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(Licensed Embalmer's Statement on Reverse Side)

**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, *me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Elbert Young*

Licensed Embalmer No.

*3371*

P. O. Address

*St. Louis*

**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, fact should be so stated above.**

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution..... 7 days  
Specify whether

In this community..... 30 yrs  
years, months or days

3. (a) PRINT FULL NAME..... Laman Haley

3. (b) If veteran, name war.....

3. (c) Social Security No. Single

4. Sex..... M

5. Color or race..... B

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..... 7 Feb 1901  
(Month) (Day) (Year)

8. AGE: Years..... 33 Months..... 5 Days.....  
If less than one day..... min.

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

10. Usual occupation.....

11. Industry of business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....  
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a)..... SEP 5 1942 J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day.....  
year..... 1942 hour..... minute..... M.

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

Immediate cause of death.....

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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?  
While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

S-22799