

AUG 14 1942 791

Registration District No.

Primary Registration District No. **1003**

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 City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Baby Lanphers**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced, **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **nil** years

7. Birth date of deceased **Aug 1 1942n**
(Month) (Day) (Year)

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

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

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Jos. Lanpher**

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

14. Maiden name **Ruth Bailey**

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

16. (a) Informant **Jos. Lanpher**

(b) Address **5335 Patton**

17. (a) Burial (b) Date thereof **Aug. 3 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **R. W. McLaughlin**

(b) Address **2301 Lafayette**

19. (a) **Aug 8 1942** (b) **J. F. Bredeck**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9 6**
(d) Street No. **5335 Patton**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2,**
year **1942** hour **5:00** minute **25 A** M.

21. I hereby certify that I attended the deceased from **Aug. 1,**
1942 to **Aug. 2,** 19**42**
that I last saw h. **im.** alive on **Aug. 2,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Prematurity

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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 **Louis J. McDord** (Physician or other).....

Address **1515 Lafayette** Date signed **8/3/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Caspi*

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; fact should be so stated above.