S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25985

State File No.

FILED SEP 10 1942

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7359

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:
St. Anthony Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hour (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 15 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4734 So. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Lafata

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 1 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. 0 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Guy Lafata
13. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Lafonse Taylar
15. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Guy Lafata
(b) Address 4734 South Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Hacker-Helderle Und Co
(b) Address 3634 Gravois Ave.

19. (a) SEP 2 1942 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 nd.
year 1942 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 9/1/42, 19 9/1/42, 19;
that I last saw him alive on 9/1/42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 O

23. Signature Wm. E. Josh (M. D. or other)
Address Metropolitan Bldg Date signed 9/2/42

(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, or by Not Embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank A. Sykes

Licensed Embalmer No. 2675

P. O. Address St Louis Mo

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.