V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8254

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2204

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:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 6 hrs. (Specify whether
In this community 15 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4570 Cottage
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LeRoy Eleby Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February 18, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	15	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Leroy Eleby Sr.
13. Birthplace Meridian, Miss. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie Sutton
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 1116a N. Taylor

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros.
(b) Address 3704 Fi[illegible]

19. (a) 3-8-43 MAR 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1943 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 4, 1943, to March 5, 1943; that I last saw him alive on March 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia (right)	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

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

23. Signature E. L. Dickson (M. D. ~~or other~~)
Address 2601 Whittier Date signed 3/8/43

(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 No embalming at all, Registered Apprentice No. E Boyle, working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.