S. No. 2
M—5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8371

State File No.

FILED MAR 30 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2663

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

(d) Length of stay: In hospital or institution 1 mo. 3 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 311
(If outside city or town limits, write "RURAL")

(d) Street No. 3903 West Belle
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lelia Hauck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Sep. 1

6. (b) Name of husband or wife

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

7. Birth date of deceased July 17, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	1	hr. min.

9. Birthplace Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Nil

FATHER
12. Name Galston Calumet
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Collins
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith
(b) Address 260 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. Buzzard Bros.
(b) Address 3704 Finney

19. (a) 3-20-43 MAR 20 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18,
year 1943 hour 12 minute 00 Noon.

21. I hereby certify that I attended the deceased from February 15, 1942, to March 18, 1943
that I last saw her alive on March 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarction	Unk.
Chr. Nephritis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 S. E. Smith (M. D. or other)

Address 260 N. Whittier Date signed 3/19/43

(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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.