

FILED JUN 14 1943 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5155

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hrs
In this community 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 723

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

(d) Street No. 2355 South 9th Street.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Larry Dale Downs

3. (b) If veteran, name war _____

3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 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 March 1, 1943
(Month) (Day) (Year)

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

0	3	2	_____ hr. _____ min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Wiley Downs

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

14. Maiden name Vestal Ritchie

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

16. (a) Informant Wiley Downs

(b) Address Unknown, Arkansas

17. (a) Burial (b) Date thereof 6/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 1 (b) J. F. Bredesh
(Date received local) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from May 22 1943 to June 2 1943; that I last saw h.l.m. alive on June 2 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Bronchial Pneumonia Pertussis

Due to _____

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Bronch. pneumonia

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)
(c) Means of injury _____

23. Signature Leroy E. Ellison (M. D. or other M.D.)
Address 3676 30 Broadway Date signed 6-9-43

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

MOTHER FATHER

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.....

Robert W. Wayne

Licensed Embalmer No.....

1861

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.