S. No. 2
M—2-43
5-17-39
I X35597

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

36598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

State File No. 9697

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peopels. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days. (Specify whether years, months or days)

In this community Dnt Know.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 11

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

(d) Street No. 1714 Whittier (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Albert Lathan

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Emily Lathan

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 1878 (Month) (Day) (Year)

8. AGE: about 65 Years | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Tenn. (City, town, or county) / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Lathan, Sr.
13. Birthplace Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Hanner Scelton
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Emily Lathan.

(b) Address 1714 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. YOUNG

(b) Address 2620 Lowton

19. (a) NOV 5 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1943 hour ..... minute 7 P M.

21. I hereby certify that I attended the deceased from 10/10, 1943 to 11/1, 1943 that I last saw him alive on 11/1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Cerebral Hemorrhage

Due to arteriosclerosis and hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No.

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? No. (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 [signature] (M. D. or other)

Address 822 N. Jefferson Date signed 11/4/43

(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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.