

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24461**
Registrar's No. **6852**

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max Starkloff
(If not in hospital or institution, write street number or location) **Memorial**
(d) Length of stay: In hospital or institution **L.F.E.** (Specify whether
In this community **L.F.E.**
years, months or days)

3. (a) PRINT
FULL NAME

**Russie Lee
(Baby Boy) Lands**

3. (b) If veteran,
name war **~**

3. (c) Social Security
No. **~**

4. Sex **M** 5. Color or
race **W**

6. (a) Single, widowed, married,
divorced **S**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive **14 - 1948**
(Month) (Day) (Year)

7. Birth date of deceased **July 14 - 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
~ ~ 20 hr. min.

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

10. Usual occupation **Infant**

11. Industry or business

12. Name **Ivan H. Lands**
13. Birthplace **Elvins, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Pantine Ford**
15. Birthplace **Reyno Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ivan H. Lands**
(b) Address **4477 Forest Park B1**
17. (a) **Burial** (b) Date thereof **8-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**
(b) Address **2301 Lafayette Ave**
AUG 4 1948 (b) **J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4477 Forest Park B1**
19 (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **4th**
year **1948** hour **3:30** minute **A** M.

21. I hereby certify that I attended the deceased from **July 14th, 1948**
to **Aug. 4th, 1948**
that I last saw him alive on **Aug. 4th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis - simple** Duration **12 hr.**

Due to **119**
Due to

Other conditions **Diarrhea - new born 10d.**
(Include pregnancy within 3 months of death)

Major findings: **119**
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 **V.H. Pedem** (M, D or other)
Address **1515 Lafayette** Date signed **8-4-48**

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

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.