

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42876

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1113
City St. Louis, Mo. (No. 3426a Virginia Ave. St. Ward)

File No.
Registered No. 12802
St. Ward)

2. FULL NAME Charles C. Vincent

(a) Residence, No. 3426a Virginia St. 16 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1842.</u>		
7. AGE YEARS <u>89</u>	MONTHS	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None for past year</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Government Clerk</u>		
10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wm. Vincent

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 12-29 1931

19. UNDERTAKER (ADDRESS) Buchanan Blvd W

20. FILED DEC 28 1931 Max J. Stuber Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1931 to Dec 26 1931
I last saw him alive on Dec 26th 1931 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Date of onset 4/10/26
Chronic hypertensive 5/8/29
arterio-sclerosis 4/10/26

Other contributory causes of importance:

131
92A
131

Name of operation..... Date of.....
What test confirmed diagnosis? Rhymis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Red Steer M. D.
(Address) 3606 Transvaal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILING THIS WITH UNFOLDING THIS IS A PERMANENT RECORD

Old Stein
W. G. G. G.