

REC'D MAR 13 1939

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

4802
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
or **St. Louis** (c) Street No. **City Hospital No. 1** St.
(d) Street No. **City Hospital No. 1**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Allen Absölm
(a) Residence, No. **1115 North 7th St. 25** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 28, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Wales, Scotland** 4
(STATE OR COUNTRY) **Pennsylvania**

FATHER
13. NAME **Henry Allen** 16

14. BIRTHPLACE (CITY OR TOWN) **Wales** 4
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Jane Allen**

16. BIRTHPLACE (CITY OR TOWN) **Wales, Scotland**
(STATE OR COUNTRY)

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Carnegie, Pa** DATE **2/19/39** 19

19. FUNERAL DIRECTOR (NAME) **ALEXANDER AND SONS**
(ADDRESS) **6175 Delmar Blvd**

20. FILED **FEB 15 1939** **J. B. Brudick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/14/39** 19

22. I HEREBY CERTIFY That I attended deceased from **2/13/39** to **2/14/39**, 19.

I last saw him alive on **2/14/39** 19. Death is said to have occurred on the date stated above, at **5.47** m. p.

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

Chronic bronchitides

Date of onset

Other contributory causes of importance:
terminal bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? 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? **no**
If so, specify

(Signed) **E. D. Duck** 1, M. D.
(Address) **City Hospital No. 1**

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.

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.....

self....., Registered Apprentice No.....
working under my personal supervision.

Signed *jos. E McCulloch*.....
Licensed Embalmer No. *2460*.....

P. O. Address *6175 Delmar*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Signature of body with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.