

350 APR 12 1939

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

8543  
Do not use this space **2308**

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 791  
(b) Township ..... 1 Primary Registration District No. .... 1008  
(c) City of St. Louis ..... (d) Street No. 1919a Montgomery Street ..... St.  
(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 J. Alcorn

(a) Residence, No. 1919a Montgomery St. St. 26 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 8 2

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

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT Emma Alcorn (ADDRESS) 1919a Montgomery

18. BURIAL, CREMATION, OR REMOVAL to PLACE Marine, Ill. DATE 3/11/39

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave

20. FILE MAR 11 1939 J. B. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/39

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 39, to Mar 8 39

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:35 P.M.

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

Coric Regurgitation Mar 7/39  
Methal Regurgitation  
Acute Bronchitis Mar 2/39  
Other contributory causes of importance: Chronic nephritis? Mar 2/39  
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. B. Bredek, M. D. (Address) 1875 Madison

WRITE PLAINLY, WITH UNWRADING INK---THIS IS A PERMANENT RECORD

K. 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.

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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.....

*Paul A. Keith*

Licensed Embalmer No.....

*3612*

P. O. Address.....

*2317 Lafayette*

**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, above space should be left blank.