

37530

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No.

9369

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
3800a Folsom Ave
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution None
(Specify whether _____)
- In this community Birth
years, months or days

8. (a) PRINT FULL NAME

Charles L. Douglas 247

8. (b) If veteran,
-
- name war
- World War

8. (c) Social Security
No. NONE

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April 23, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 42 6 6 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Pool room prop.

11. Industry or business

- MOTHER FATHER
12. Name George Douglas
13. Birthplace Ills.
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Watson
(City, town, or county) (State or foreign country)
15. Birthplace Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mabel E. Kelleher(b) Address 5226a Oriole Ave17. (a) Burial (b) Date thereof 11-1-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) NOV 1 1939 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 3800a Folsom Ave 17
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1939 hour 2:00 PM minute _____ M.21. I hereby certify that I attended the deceased from Oct 28
1939 to Oct 29 1939
that I last saw him alive on Oct 28 1939
and that death occurred on the date and hour stated above.Immediate cause of death Coronary
Occlusion
Due to Coronary atherosclerosis
2

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? 1 (Specify type of place) (e) Means of injury _____23. Signature Chas. Just (M. D. or other) MD
Address 3500 N. Grand Date signed 10-31-39

Duration

3 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo.*

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!