

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Lukes Hosp.
(d) Length of stay: In hospital or institution three weeks
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2829 Wheaton Ave
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert W. Channell
(b) If veteran, name war NO
(c) Social Security No. 49305-1920

20. DATE OF DEATH: Month Dec day 24 year 1939 hour 9 minute 45 P.M.

4. Sex Male 5. Color of race Wh
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Clara
(c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 8 1896

21. I hereby certify that I attended the deceased from Dec. 1, 1939, to Dec. 24, 1939; that I last saw him alive on Dec. 24, 1939; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>-</u>	<u>16</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death
Pneumonia - acute - bacterial.
Neu - Suppurative otitis media.
Due to Perforation of eustachian tube by cold.

9. Birthplace St. Louis Mo

Due to _____

10. Usual occupation Master Reader

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or Business Union Electric Co.

Major findings: Suppurative eustachian tube.

12. Name Daniel Channell

Of operations: Pneumonia.

13. Birthplace St. Louis Mo

Of autopsy: Suppurative eustachian tube.

14. Maiden name Sarah McDonald

15. Birthplace Ireland

16. (a) Informant's own signature Clara Channell

22. If death was due to external causes, fill in the following:

(b) Address 2829 Wheaton Ave

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof DEC 27-1939

(b) Date of occurrence _____

(c) Place: burial or cremation Church

(c) Where did injury occur? _____

18. (a) Signature of funeral director Chas. F. Stewart

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 1225 Union Blvd

While at work? _____ (Specify type of place) _____ (Specify means of injury) _____

19. (a) DEC 26 1839 (b) _____

28. Signature Emma R. Smith (M. D. or other) _____
Address 3720 Washington Date signed 12/26/39

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 Guy W Wilkerson

Licensed Embalmer No. 3575

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, above space should be left blank.