DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17028

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4506

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En Route to City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 25

(d) Street No. 120 S. Fourth St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Outlaw 340

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ####

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 50 | Months | Days | If less than one day hr. min.

9. Birthplace Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Peddler

11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred J Perry

(b) Address Coroners Office

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Birmingham Ala

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 21 1940 (Date received local registrar) (b) J. F. Bu[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

No Physician in Attendence

20. DATE OF DEATH: Month 19th day May year 1940 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage due to laceratio of liver, Fracture of ribs and Fractu

Due to of Spinewhen struck and left lying on the streetby a automobile

Due to driven by one Earl Schiek about 3:05 A.M. May 19th 1940 at 12th and

Other conditions Market Streets (Include pregnancy within 3 months of death) crimnal Carelessness

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) Criminal Carelessness

(b) Date of occurrence May 19 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 5.21.40

(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.

Rev. 5-17-39 I X19511

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 Frank J. Cervera

Licensed Embalmer No. 22405

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.