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FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12729

State File No.

3159

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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: Alexian Bros Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Day
7 Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis city (If outside city or town limits, write "RURAL") 178
(d) Street No. 7800 N. Broadway (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 10 minute 30 a. m.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 9, 1941.
that I last saw him alive on April 9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to _____
Due to _____

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

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) no
(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? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. T. Budvek (M. D. or other)
Address 18319 Halls Ferry Rd Date signed 4/11/41

3. (a) PRINT FULL NAME Joseph Charm
3. (b) If veteran, name war none 3. (c) Social Security None

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 Sept. 15 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Night Watchman
Calvary Cemetery

11. Industry or business _____

12. Name Un Known

13. Birthplace Un Known (City, town, or county) (State or foreign country) 9

14. Maiden name Un Known

15. Birthplace Un Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Margaret Renou
(b) Address 7800 n. Broadway

17. (a) Burial (b) Date thereof April 11 1941
(Burial, entombment, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 118319 Halls Ferry Rd

19. (a) APR 11 1941 (b) J. T. Budvek
(Date received local registrar) (Registrar's signature)

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

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.....

..... Licensed Embalmer No.....

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, fact should be so stated above.