

FILED MAR 9 1942
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether
In this community 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles
(c) City or town South Gate
(If outside city or town limits, write "RURAL")
(d) Street No. 9609 San Gabriel Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1942 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 10
1942 to Jan 30 1942
that I last saw him alive on Jan 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 Mo

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____
(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 _____

23. Signature D. N. Hair (M. D. or other)
Address 404 1/2 W 75th St Date signed Jan 31/42

3. (a) PRINT FULL NAME Mr. Charles Ether Aldridge

3. (b) If veteran, name war No 3. (c) Social Security No. 558-24-1044

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Pearl E. Aldridge 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 4 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Patrolman

11. Industry or business Los Angeles Police Force

MOTHER FATHER { 12. Name John N. Aldridge
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl E. Aldridge
(b) Address South Gate, California

17. (a) Removal (b) Date thereof Feb. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Los Angeles, Cal.

18. (a) Signature of funeral director D. N. Newcomer Sons
1401 Brush Creek Blvd.

19. (a) 2/1/42 (b) M. M. Crown
(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 *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address *X C Ms*

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.