

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: _____
 (b) City or town: St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 9 DAYS
 In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis
 (c) City or town: St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No.: 206 1/2 So 4th St (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: Charles Rowe

3. (b) If veteran, name war: nil 3. (c) Social Security No.: 49703-1062

4. Sex: male 5. Color: 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: May 25 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>3</u>	hr. min.

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Writer

11. Industry or business: Charles J. Campbell

12. Name: _____

13. Birthplace: La. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Theresa Paretti

15. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Demonicia Morrow

(b) Address: 6119 So. Halsted St Chicago, Ill

17. (a) Burial (b) Date thereof: July 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Guy Miller
(b) Address: 5047 Ashmun Blvd
19. (a) JUL 29 1943 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1943 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1943 to July 28, 1943; that I last saw him alive on July 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to: _____
Due to: Prostatic hyperplasia

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

Major findings: Prostate
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? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: L. H. Smith (M.D. or other) Address: 1515 Lafayette Avenue Date signed: 7/28/43

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 William J. Heron.....

Licensed Embalmer No. 4319.....

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.