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ev. 5-47-69
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 12 1945

State File No. 29006

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8603

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:
Park Lane Memorial Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Weeks. (Specify whether
In this community .....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland, 13
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.D. No 7 Box 647 NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Lawrence Fine.

3. (b) If veteran, name war None

3. (c) Social Security No. 499-01-6995

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose M. Fine.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 1, 1893.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	2	hr. ..... min.

9. Birthplace St. Louis County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business .....

FATHER
12. Name Melsor J. Fine.
13. Birthplace Dont know. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Beuer.
15. Birthplace ..... Austria. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose M. Fine.
(b) Address Overland, Missouri.

17. (a) Burial (b) Date thereof 10-6-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) OCT 5 1945 J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 3rd
year 1945 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from 9/20, 1945, to 10-4, 1945;
that I last saw him alive on 10/4, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	1 hour
Due to Peritoneal abscess	2 weeks
Cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

129

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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature F L Morse (M. D. or other) 0
Address 6071 Grand Date signed 10/4/45

(Licensed Embalmer's Statement on Reverse Side)

4456 W Houston

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.