

FILED MAY 31 1946
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Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1582

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 424 So. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether _____)

In this community 6 yrs
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. 424 S. JEFFERSON
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLIE CASON

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 10 minute 38 A.M.

21. I hereby certify that I attended the deceased from May 13, 1946 to May 17, 1946.
that I last saw him alive on May 17, 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased 10 - 22 - 1875
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 7 days

8. AGE: Years 70 Months 6 Days 25 If less than one day _____ hr. _____ min.

Due to Pneumococcus

Due to Pneumococcus

Other conditions Abscess Tooth
(Include pregnancy within 3 months of death)

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

10. Usual occupation Nil

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Pete CASON

13. Birthplace TENN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

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. S. Vincent (M. D. or other) _____
Address 2336 1/2 Market Date signed 5-20-46

16. (a) Informant Louis P. ...
(b) Address 240 E. ...

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Greenwood
(b) Address 3103 Washington

19. (a) MAY 21 1946 (b) J. F. ...
(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 W. Claude Gordon.....

Licensed Embalmer No. 3489.....

P. O. Address 4575 Aldine.....

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.