

No. 2
12-45
5-17-39
I X47070

FILED MAR 31 1947

Registration District No. _____ 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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Pike** **499**

(c) City or town **Barry**
(If outside city or town limits, write "RURAL") **NR 11**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **2**

If yes, name country _____

3. (a) PRINT FULL NAME **Charles Edward Washington**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male** **2**

5. Color or race **Negro**

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 **February 22 1929**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18** year **1947** hour _____ minute **0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
18	0	26	hr. _____ min. _____

Fracture of s. Cervical vertebra with cord injury

Due to **fall from ladder with cord injury**

Due to **fall from ladder with cord injury**

Other conditions: **fracture of spine, contusion of abdomen**
(Include pregnancy within 3 months of death)

9. Birthplace **Barry Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy **1700**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Charles E. Washington**

13. Birthplace **Lincoln Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Posten**

15. Birthplace **Osawatomie Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles E. Washington**

(b) Address **Barry, Illinois**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **3-19-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Barry, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 19 1947** (Date received local Registrar)

(b) **[Signature]** Registrar's signature

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **fall from ladder**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about a home, on farm, in industrial place, in public place? **Yes**

While at work? _____
(Specify type of place)

(e) Means of injury **fall from ladder**

23. Signature **Patrick E. Taylor** (M. D. or other) **3**

Address **Deputy Coroner** Date signed **3-19-47**

Non collusion

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.