No. 2
1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32401

Registration District No. 510

Primary Registration District No. 1003

Registrar's No. 8434

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Homer G. Phillips Hosp. (If not in hospital or institution, write street number or location)

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

In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1519a O Fallon (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nicholas Charles Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Mary Charles

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

7. Birth date of deceased 10 (Month) 28 (Day) 1918 (Year)

8. AGE: Years 28 Months 10 Days 1 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

10. Usual occupation Dish Washer

11. Industry or business

FATHER

12. Name Nicholas Charles Sr.

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

MOTHER

14. Maiden name Elnora

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

16. (a) Informant Mary Charles

(b) Address 1519A O'Fallon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation New Orleans, La.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard

19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1947 hour 6 minute 15 P 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 Pulmonary Edema and Congestion ~~[illegible]~~

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)

Address [signature] Date signed 9/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Curlin

Licensed Embalmer No. 4498

P. O. Address St. Louis 13, Mo.

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.