

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: Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 MONTHS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Edward South

3. (b) If veteran, name war —
 3. (c) Social Security No. 494-10-0668

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife GRACE
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased NOV 8, 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 5 hr. min.

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

10. Usual occupation DEPT MANAGER

11. Industry or business WOODWARD TIERNAN PRtg Co.

12. Name SAM. SOUTH

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

14. Maiden name ELIZ. BURTON

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

16. (a) Informant Mrs Grace South

(b) Address 222 N. Kingshighway

17. (a) Removal (b) Date thereof May 15, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington News

18. (a) Signature of funeral director A. Howland Co.

(b) Address 2707 N. Grand Blvd

19. (a) MAY 27 1948 (b) J. S. Cudeck
 (Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12 Park Plaza Hotel - 220 N. Kingshighway
 (If rural, give location) 9
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1948 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from February 27 1948 to May 13 1948
 that I last saw him alive on May 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vasculan
accident

Due to arteriosclerosis

Due to Diabetes Mellitus

Other conditions Diabetes Mellitus
 (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy 61

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature FR Bradley (M. D. or other) _____
 Address Barnes Hospital Date signed 5/14/48

MOTHER, FATHER

DEC 14 1948

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

Rex E. Campbell

Licensed Embalmer No. *3881*

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.