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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

FILED JUN 21 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 20615
Registrar's No. 5124

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township) St. Louis
(c) Name of hospital or institution: Barnes Hospital
-- McMillan Hospital
(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)

3: (a) PRINT FULL NAME Charles Albett
3: (b) If veteran, name war
3: (c) Social Security No.

4. Sex Male 0 5. Color or race White
6: (a) Single, widowed, married, divorced Married
6: (b) Name of husband or wife Alma Ablett
6: (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October 18 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 14
If less than one day hr. min.

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

10. Usual occupation Mail Carrier & Bap. Hospital

11. Industry or business

MOTHER, FATHER
12. Name Andrew Ablett
13. Birthplace Pope Co., Ill
(City, town, or county) (State or foreign country)
14. Maiden name Florence Greenway
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16: (a) Informant Charles B. Ablett
(b) Address Carbondale, Ill.

17: (a) Removal (b) Date thereof: 6-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Metropolis, Ill.

18: (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19: (a) JUN 3 1948 (Date received local registrar)
J. F. Bresser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Massac 999
(c) City or town Metropolis 11
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 2:15 minute A. M.

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

Immediate cause of death Traumatic Amputation of
right leg and right arm; Hemorrhagic
Nephritis; when he broke a glass from
a locked elevator door and crawled
through same and was crushed by a
descending elevator while a patient in
the psychopathic ward of McMillan Hospi-
tial, around 1:45 PM, May 29, 1948.

Other conditions (Include pregnancy within 3 months of death) SUICIDE

Major findings: Of operations 1647
Of autopsy
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) SUICIDE
(b) Date of occurrence 5-29-1948
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOSPITAL

While at work? no (Specify type of place)
(c) Means of injury see above
23. Signature Daniel E. Taylor, M.D. (M.D. 006-3048)
Address 1300 Clark St. Date signed 6-3-48

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

APR 26 1949

DEC 6 1950

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 *Gustav W. Dittel*
- - Licensed Embalmer No. *4329*
P. O. Address *St. Louis, 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.