

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6116**

FILED MAR 1 1952

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

BIRTH NO. 9565		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 305K		Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (in this place) 12 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) Berkeley City		4001			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital				d. STREET ADDRESS (If rural, give location) 5952 Brownleigh					
3. NAME OF DECEASED (Type or Print) a. (First) Charles P. b. (Middle) Downs c. (Last)			4. DATE OF DEATH 2)21)52 (Month) (Day) (Year)						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2)21)52			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 SECS. Hours Min.			
0		0		12		0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) St. Charles Mo. 0			
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Charles Downs		13b. MOTHER'S MAIDEN NAME Doris Gaines		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Downs 5952 Brownleigh Berkeley					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth (6 weeks) prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 774x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2/21 , 19 52 , to 2/21 , 19 52 , that I last saw the deceased alive on 2/21 , 19 52 , and that death occurred at 4:40 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Walter C Gray M.D.				23b. ADDRESS 9958 St Charles Road St Louis 14 Mo		23c. DATE SIGNED 2/22/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2)21)52		24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. 2/23/52		REGISTRAR'S SIGNATURE James H. ...		25. FUNERAL DIRECTOR'S SIGNATURE 10123 St. Charles Rd. ...					

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

No Embalming

Licensed Embalmer No.

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.