

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25344**

LED JUL 17 1952

BIRTH NO. _____ REG. DIST. NO. **279** PRIMARY REG. DIST. NO. **5956** Registrar's No. **13-**

1. PLACE OF DEATH a. COUNTY Fike 08203		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis 409!	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Calument		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Kinlock, Missouri 1	
c. LENGTH OF STAY (in this place) tripy		d. STREET ADDRESS (If rural, give location) 622 Denham	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) SMALL	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1952
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5. SEX Male 2	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Miss. Glass Co.	11. BIRTHPLACE (State or foreign country) Greenville, Miss. 1	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Virgie Small
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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. 494-10-6319	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Small, St. Louis, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E8.50X 38		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Boat overturned			

19a. DATE OF OPERATION None	19b. MAJOR-FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (a.g., to or about home, farm, factory, street, office bldg., etc.) Catemeek Creek	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Clarksville Pike Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 12 52 8 A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat overturned
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **July 12, 1952**, and that death occurred at **8 A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Meade	(Degree or title) Coroner 3	23b. ADDRESS Brading House Mo.	23c. DATE SIGNED July 12 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 7/13/52	24c. NAME OF CEMETERY OR CREMATORY St. Louis	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 7/15/52	REGISTRAR'S SIGNATURE Sandra Richardson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1952

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NOV 2 1952

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 Virginia M. Stern

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.