

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41633**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2813

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CREVE COEUR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CREVE COEUR 4730</u>	
c. LENGTH OF STAY (In this place) <u>5 MONS.</u>		d. STREET ADDRESS (If rural, give location) <u>OLIVE ST. ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVERGREENS HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CAESAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 30, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEP. 9-1860</u>		9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>1</u> YEARS <u>1</u> DAYS <u>1</u> HOURS <u>1</u> MINS. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAYTON, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHARLES CAESAR</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE PLITT</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE DCD.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDGAR CAESAR</u> ADDRESS <u>1841-CANTERWAY OVERLAND, MO.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Auricular fibrillation</u>				<u>2 days</u>	
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>				<u>Several years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		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 MARCH 3, 1953, to OCT 30, 1953, that I last saw the deceased alive on OCT 28, 1953, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Hughes</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Creve Coeur, Mo.</u>		23c. DATE SIGNED <u>10/31/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL SEV. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OLIVETTE, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>10/31/53</u>		REGISTRAR'S SIGNATURE <u>Robert S. Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumhagen Bros. Inc.</u> ADDRESS <u>504 Woodson Rd - Overland, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

NEW.../Am...

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 David C. Gibson

Licensed Embalmer No. 3254

P. O. Address Overland, 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.