

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 4708

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. CITY OR TOWN St. Louis		b. COUNTY Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 4851 Nebraska			
3. NAME OF DECEASED a. (First) Charles D. DeSmet, Jr. (Type or Print)			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 20, 1922		9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor, Coca Cola Btng. Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles DeSmet Sr.			13b. MOTHER'S MAIDEN NAME Julia Czerwiski		14. NAME OF HUSBAND OR WIFE Jo Ann DeSmet		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war 11		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JoAnn DeSmet, 4851 Nebraska.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of skull Brain injury suffered when DE CAR operated by deceased struck safety reflex at Broadway and M. ... Str b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. DUE TO (c) ... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition caused ... 432 ... May 20 1954					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident - HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 20 54 40 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 000 E8194			
22. I hereby certify that I attended the deceased from 1900, to 1900, that I last saw the deceased alive on 1900, and that death occurred at 6:00 p.m., from the causes and on the date stated above. 31							
23a. SIGNATURE (Degree or title) Joseph E. Quinn Deputy Registrar				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-29-54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.		
DATE REC'D BY LOCAL REG. MAY 27 1954		REGISTRAR'S SIGNATURE Charles Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	

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

SEP 11 1933
F I DEB

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.....
Signature of Student Embalmer

Signed *Francis J. Weyland Jr.*.....
Licensed Embalmer No. 4572

P. O. Address 6377 So. Main

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.