

FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. **17770**  
Registrar's No. **3541**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5815 S. Grand**  
e. STREET ADDRESS (If rural, give location) **5815 S. Grand Blvd., 20170**

3. NAME OF DECEASED (Type or Print) a. (First) **Charles** b. (Middle) **Edward** c. (Last) **Dexter**  
4. DATE OF DEATH (Month) (Day) (Year) **April 8, 1956**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**  
8. DATE OF BIRTH **Nov. 20, 1911** 9. AGE (In years last birthday) **44** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HOUR: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Auto Salesman**  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles E. Dexter** 13b. MOTHER'S MAIDEN NAME **Meda Kitchridge** 14. NAME OF HUSBAND OR WIFE **Wanda Dexter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. **unk** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Meda Dexter Wanda Dexter 5815 S. Grand**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carbon Monoxide Poisoning**  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **suffered in fire of undetermined origin in home at 5815 S. Grand Blvd., about 3:19 am.**  
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_  
20. INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION **April 8 1956** 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident HOMICIDE** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Apr 8 56 3:19 am** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E 916.0**

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred at **4:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick E. Smyth** 23b. ADDRESS **1300 Clark ave** 23c. DATE SIGNED **4/9/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal motor** 24b. DATE **4-10-56** 24c. NAME OF CEMETERY OR CREMATORY **City Cem.** 24d. LOCATION (City, town, or county) (State) **Poplar Bluff, Mo.**

DATE REC'D BY LOCAL REG. **APR 9 1956** REGISTRAR'S SIGNATURE **Carl Smith MD** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Southern Funeral Home 6322 S. Grand, St. Louis, Mo.**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David Van Tassan*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.