N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38235

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10879

City St Louis (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Rev. Charles F Record

(a) Residence. No. 3958 Juniatta St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. - mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Record

6. DATE OF BIRTH (MONTH, DAY AND YEAR): apr 23 - 1878

7. AGE: YEARS 49 | MONTHS 7 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Ill

PARENTS

10. NAME OF FATHER: James Record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Margarite Snyder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Ida Record
(Address): 3958 Juniatta St

15. FILED: DEC - 5 1927 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1927, to Dec 4, 1927 that I last saw him alive on Dec 4, 1927, and that death occurred, on the date stated above, at 1:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Colon
M.C. Hepatic Flexure
(duration) 3 yrs. mos. — ds.

CONTRIBUTORY (SECONDARY): Surgical Operation
(duration) — yrs. — mos. — ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 1st 1927

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? — Gordon

(Signed) Hea Sapes, M. D

Dec 5, 1927 (Address) 3701 Enchanter Pl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Decatur Ill | DATE OF BURIAL: Dec 6 1927

20. UNDERTAKER: Wm. C. Moydell | ADDRESS: 1926 Allen