JAN 3 1929

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

Do not use this space.

38123

1. PLACE OF DEATH
County ST. LOUIS
Township CARONDELET
City ~~St Louis Mo~~ (No. ..... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 8248 E
File No. .....
Registered No. 403

2. FULL NAME Charles Thomas Mo St. Rose Hosp.
(a) Residence. No. 2436 Grand Ave St., ... Ward Granite City Ill
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1902
7. AGE 26 YEARS MONTHS 2 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Fairburn Ga
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Fairburn Ga
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Geo Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER L. Charles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Georgia

14. INFORMANT C. W. Huffine
(Address) 2436 Grand Ave Granite City
15. FILED Nov 30, 19 28 L. C. Obrock M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-29 1928
17. I HEREBY CERTIFY, That I attended deceased from 7-3-28, 19..., to 11-29, 1928 that I last saw h..... alive on 11-29, 19..., and that death occurred, on the date stated above, at 7 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC PULMONARY TUBERCULOSIS
23A
25 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) T. B. Enteritis
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Various
(Signed) Louis C. Boislinski, M. D
, 19 (Address) 9101 S Broadway

*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 Fernwood Cem. Road House Ill
DATE OF BURIAL Nov 1 1928
20. UNDERTAKER W. E. Reeve Undt
ADDRESS Road House Ill

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.