

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

Do not use this space.

16632

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. 16632

Township.....

Primary Registration District No. 1002

Registered No. 14744

City St. Louis (No. Alexander Bros. Bldg.)

St. St. Louis (Ward)

**2. FULL NAME**

Charles S. England Jr.

(a) Residence. No. 24 St. Portus Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 5 / 1915

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>	<u>3</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Portus

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Charles C. England Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Jefferson Co.

12. MAIDEN NAME OF MOTHER

Ellen H. Wagner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Jefferson Co.

14. INFORMANT

R. S. England

(Address) Portus Mo

15. APR 24 1929

Mar C. Stanley

FILED..... 19.....

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 24 1929

17. I HEREBY CERTIFY, That I attended deceased from .....  
 , 19....., to ..... 19....., and that  
 that I last saw h..... alive on ..... 19....., and that  
 death occurred, on the date stated above, at..... 3409 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Shock + Injuries  
Cerebral Hemorrhage  
(Concussion Brain)  
Two Quin's Pills

CONTRIBUTORY

(SECONDARY) St. Louis Co.  
210 M  
Accident  
 (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Ferner, M.D.

4/24/29 (Address) Dep. Coroner

\*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

Portus Mo

DATE OF BURIAL

4-27 1929

20. UNDERTAKER

Quester & Vinyard

ADDRESS

Portus Mo.

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.

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