

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

Do not use this space.

6810

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10127
 City St. Louis No. Eschscholtz City (Ward) 1

File No.
 Registered No. 18889

2. FULL NAME

Charles J. Soussan
 (a) Residence, No. 1304 W. Madison St., 22 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 30</u> | | |
| 7. AGE | YEARS <u>2</u> | MONTHS <u>19</u> |
| | DAYS <u>19</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u> | 11. Total time (years) spent in this occupation..... |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u> | |
| 10. Date deceased last worked at this occupation (month and year)..... | | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

FATHER 13. NAME John Soussan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 2

MOTHER 15. MAIDEN NAME Stella Bonaritto

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

17. INFORMANT (ADDRESS) John Soussan 1304 W. Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE SS.P. & Pauline Co. DATE Feb 27 1932

19. UNDERTAKER (ADDRESS) C. J. Schuman 3125 N. Grand

20. FILED Feb 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1932

22. I HEREBY CERTIFY that I attended deceased from No Physician in attendance 19... to 19...

I last saw him alive on Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Shock & Injury Internal
Struck by Street Car
while crossing street
(a few feet from)
209 A

Other contributory causes of importance: Whiskey Consumption
Accidental Was Assisted

Name of operation Date of 209 A

What last confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 2.25. 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Street Car

Nature of injury Shock & Injury

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. W. Kernan

(Address) Dep. Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

