

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

Do not use this space.

✓ 34270

1. PLACE OF DEATH

County.....

Registration District No. *1781*

Township.....

Primary Registration District No. *1705B*

City *St. Louis* (No. *1*)

Route City Hospital #1

File No.

Registered No. **9630**

2. FULL NAME

Charles E. Lourey

(a) Residence, No. *5200 Taylor* St. *13* Ward.

(If nonresident, give city or town and State)

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.

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 *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 5-1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *59 8 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter 18*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2919*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME *John Lourey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Canada 5*

15. MAIDEN NAME *Mary Halloran*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belgium 15*

17. INFORMANT (ADDRESS) *Mary Walsh No. 3. Breunton Park*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calloway Cem. DATE Oct. 31 1932*

19. UNDERTAKER (ADDRESS) *Cullen & Co. 1710 Broad St. St. Louis*

20. FILED *OCT 31 1932*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 29, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician in attendance*

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *10:30* m.

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

*Hæmorrhage of Brain
Fractured Skull received
in fall to floor at residence
striking head against stove.*

Other contributory causes of importance:

Accidental

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accidental* Date of injury *10/29, 1932*

Where did injury occur? *St. Louis, Mo*

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

Manner of injury *Fall to floor*

Nature of injury *Fractured Skull*

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

If so, specify.....

(Signed) *[Signature]*

(Address) *[Address]*

Registrar. *[Signature]*

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.

