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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34760

Township ..... Primary Registration District No. 703 Registered No. 8925

City St. Louis (No. 2919a Bell ave. St. ..... Ward)

2. FULL NAME Charlie Nash Stanley

(a) Residence, No. 2919a Bell ave. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Col.
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) Aug 21 1883

7. AGE: YEARS 50 MONTHS 1 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Labor~~ None
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.

FATHER
13. NAME John Stanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Sarah Stells.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT (ADDRESS) Phillip Hawkins 2919 a Bell ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Oct 16 1933

19. UNDERTAKER (ADDRESS) Peoples Burial League 3100 Franklin ave.

20. FILED OCT 16 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Meningitis, following blow on head by brick — Date of onset

175B
79A
175

Other contributory causes of importance:

8 Homicide

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? Homicide Date of injury 10/8/1933

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 Hit by brick while in a fight.

Nature of injury Head Injury - Meningitis

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

If so, specify

(Signed) Harold [illegible], M. D.

10/13/33 (Address) Dr. J. Cerrone