DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24325

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6598

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County

(c) City or town ST LOUIS 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4168 Maryland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Cargile 624

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May (Month) 31st (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	1	26	hr. min.

9. Birthplace Pueblo (City, town, or county) Colo. 1 (State or foreign country)

10. Usual occupation Iron Worker 0

11. Industry or business

FATHER
12. Name John P. 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bertha A. McCloskey
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Pearl Cargile
(b) Address 4168 Maryland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-39 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Mullen Bros
(b) Address 4259 Lindell Blvd

19. (a) JUL 27 1939 (Date received local registrar) (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day July
year 1939 hour 2:50 minute A M.

21. I hereby certify that I attended the deceased from 7/22/39, 19__, to 7/26, 19 39
that I last saw him alive on 7/26, 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations above

Of autopsy above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. A. Casberg (M. D. or other)

Address City Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John T. Fuller

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.