

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2159

1. PLACE OF DEATH:  
 (a) County St. Louis County  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
 In this community life  
years, months or days)

3. (a) PRINT FULL NAME Charles Bennett Major

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 20, 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	---	9	12	hr. _____ min.

9. Birthplace Clayton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name William Major

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Ailey

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Major

(b) Address 9951 So. Broadway

17. (a) Burial (b) Date thereof 11/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director W. H. McLaughlin  
2320 Lafayette Ave

(b) Date NOV 2 1940

19. (a) \_\_\_\_\_ (b) A. R. Meyers  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 9951 So. Broadway  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
year 1940 hour 12 minute 55 P. A. M.

21. I hereby certify that I attended the deceased from 10-18-40  
19\_\_\_\_, to 11-1-40, 19\_\_\_\_;  
that I last saw him alive on 11-1-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pyloric obstruction 2 weeks

Due to \_\_\_\_\_

Due to 118 C

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: stenosed pylorus  
 Of operations \_\_\_\_\_  
 Of autopsy: dehydration, Malnutrition

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?  
\_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. Kinman (M. D. or other) \_\_\_\_\_  
Address Co. Hosp Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.