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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
791 1003

State File No. **40096**
Registrar's No. **9867**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 & 1/2 Mos.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5537 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles L. Sampson

3. (b) If veteran, name war none 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 Bettie C. Sampson 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 12 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 19 _____ hr. _____ min.

9. Birthplace Urbana Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Public School Principal /

11. Industry or business Humboldt School

12. Name James O. Sampson /

13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Minerva Switzer

15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Juleau C. Sampson

(b) Address 150 Brentwood, Clayton

17. (a) Cremation (b) Date thereof 12/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla.

18. (a) Signature of funeral director Wagoner Und Co.

(b) Address 3621 Olive St.

19. (a) 2 1940 (b) J. H. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1940 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 10/2 1939 to 11/31 1940
that I last saw him alive on 11/31/40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate Duration _____

Due to 51
Due to _____

Other conditions similar
(Include pregnancy within 3 months of death)

Major findings: Prostate Obstruction
Of operations (resolvent)
Of autopsy _____

PHYSICIAN _____
Underlines 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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Geo. Bantley (M. D. or other) _____
Address 650 Century Bldg Date signed 12/4/40

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

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Neville D. Frohwith*

Licensed Embalmer No. *3696*

P. O. Address *362 Olive St*

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, above space should be left blank.