

13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3955 Magnolia Avenue 9
(If rural, give location)
(e) ~~If deceased born in foreign country, specify country and date of arrival in U.S.A. _____ years.~~

3. (a) PRINT FULL NAME CHARLES WILLIS JULIER

3. (b) If veteran, name war none
3. (c) Social Security No. 714-14-1412

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Georgetta (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Comptroller

11. Industry or business Ry. Express Co.

12. Name Benjamin Julier

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

14. Maiden name Unknown

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

16. (a) Informant Benjamin Julier
(b) Address 3955 Magnolia Avenue

17. (a) Burial (b) Date thereof Jan. 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director A W M Laughlin
(b) Address 2301 Lafayette Avenue

19. (a) JAN 20 1941 (b) J. F. Brallock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1941 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic interstitial Nephritis
Due to _____
Due to _____

Duration

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Alfred Steery (M. D. or other) _____
Address Alfred Steery Date signed 1/19/41

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

L.R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Kefauver

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.