

2
40
39
23150

APR 9 1941
Registration District No. 704

Primary Registration District No. 200

Registrar's No. 707

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis Tr. School
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles George

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 16, 1931
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name Bishop George

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

14. Maiden name Bonnie Self

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

16. (a) Informant Bishop George

(b) Address 7102 Winona Ave

17. (a) Removal (b) Date thereof March 31 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Kentucky

18. (a) Signature of funeral director All McLaughlin

(b) Address 1001 Lafayette Avenue

19. (a) MAR 31 1941 (b) [Signature]
(Date 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. 7102 Winona Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31 year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 3/29 to 3/31, 1941.

that I last saw him alive on 3/30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Secondary Anemia

Due to Spastic Quadriplegia

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

Major findings: Of operations _____

Of autopsy [Signature]

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 Louise Manje (M. D. or other) _____

Address St. Louis Tr. School Date signed 3/31/41

Duration: 27 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. Cooney

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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

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