

U. S. No. 2
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 X32873

39270

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
 In this community 26 years

3. (a) PRINT FULL NAME Charles Joseph San Soucie
 3. (b) If veteran, name war NO 3. (c) Social Security No. 500-16-6621

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased April 29 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Catchman

11. Industry or business Retired

12. Name John San Soucie

13. Birthplace Missouri
(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 Annie San Soucie

(b) Address 3412 A Eads Ave. St. Louis

17. (a) Burial (b) Date thereof Jan. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hematite, Mo.

18. (a) Signature of funeral director Richardson

(b) Address 3412 A Eads Ave. St. Louis, Mo.

19. (a) JAN 5 1943 (b) J. F. Bredelek
(Date of local registration) (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. 3412 A Eads Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
 year 1943 hour 3 minute 38 P.M.

21. I hereby certify that I attended the deceased from Dec. 28, 1942 to Jan. 2, 1943
 that I last saw him alive on Jan. 2, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to metastatic carcinoma of brain

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature F. R. Bradley (M. D. or other) _____
 Address BARNES HOSPITAL 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..... *Chas. Richardson*

Licensed Embalmer No. *3167*

P. O. Address *Langston Mo.*

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.