

FILED MAR 15 1943 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Grand Hotel - 107 h 6th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Charles Herman Dearborn

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,
year 1943 hour 6:10 minute A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased February 14, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 14, 1943 to February 15, 1943; that I last saw him alive on February 15, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 0 1 hr. min.

Immediate cause of death Anteroseptal heart disease

Duration

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

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Charles Dearborn

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

14. Maiden name Elviria Hinkley

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

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital

17. Antonie Bond Date thereof 2-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. R. Bond

18. (a) Signature of funeral director W. R. Bond

(b) Address 3001 Benton

19. (a) MAR 1 1943 (Date received local registration)

J. F. Brebeck (Registrar's 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 Frank U. Fairley (M.D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 2/15/43

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

MOTHER FATHER

844

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

STATEMENT BY LICENSED EMBALMER

1911

1911

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

Licensed Embalmer No.

P. O. Address

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.