

FILED APR 3 1949 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **2965**

1. PLACE OF DEATH:

(a) County
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4313 Cook Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4313 Cook Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Charles Cary**

3. (b) If veteran, name war. --- 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Annie** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Unavailable, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 .hr. .min.

9. Birthplace **Potosi Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unavailable**
13. Birthplace **Unavailable** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unavailable**
15. Birthplace **Unavailable** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Cary**

(b) Address **4313 Cook Avenue**

17. (a) **Burial** (b) Date thereof **3/30/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **MAR 20 1949** (b) **J. J. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**,
year **1943** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from
March 18 19**43** to **March 25** 19**43**
that I last saw him alive on **March 24** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Hypertension Duration **?**

Due to.....
Due to.....

Other conditions **Acute Bronchitis** **7 days**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 **H. Louis Schuchert** (M. D. or other)
Address **2200 Chouteau Ave** Date signed **3-29-43**

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, or by.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No. **2114**

P. O. Address **1711 North Taylor Avenue**

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.