

ED JUL 8 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5946

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether 30 days)
In this community 30 days
years, months or days)

3. (a) PRINT FULL NAME

Chris Charley

(b) If veteran, name war no.

(c) Social Security No. 333-03-1422

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 5-10-1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 16 hr. min.

9. Birthplace Albania 1
(City, town, or county) (State or foreign country)

10. Usual occupation machine operator

11. Industry or business Yman Starch

12. Name Pete Pano

13. Birthplace Albania 1
(City, town, or county) (State or foreign country)

14. Maiden name Jeann

15. Birthplace Albania 1
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Samaras

(b) Address Adm. Ohio

17. (a) St. John's Removal (b) Date thereof 6-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. John's

18. (a) Signature of funeral director Charles E. Mercer

(b) Address Granite City, Ill.

19. (a) JUN 2 (b) J. P. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 949
(c) City or town: Granite City ON R.
(If outside city or town limits, write "RURAL")
(d) Street No. 1750 Maple
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 11:55 minute AM

21. I hereby certify that I attended the deceased from April 2 to June 26, 1943
that I last saw him alive on June 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carburene of liver

Due to carcinoma

Due to carcinoma

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

Major findings: Of operations none

Of autopsy no

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)
(c) Means of injury _____

23. Signature: W. Deane (M. D. or other)
Address Granite City, Ill. Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Charles E Mercer*

Licensed Embalmer No. *2988*

P. O. Address. *Grant City, 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.