No. 2
4-41

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29278

FILED SEP 11 1943

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2031

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 30 DAYS

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State Missouri (b) County St. Louis

(c) City or town St. Ann's Village
(If outside city or town limits, write "RURAL")

(d) Street No. 3549-St. Gregory Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles O. Denton

3. (b) If veteran, name war None

3. (c) Social Security No. 311-05-0882

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Aug. (Month) 25 (Day) 1908 (Year)

8. AGE: Years 35 Months 0 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Chaufuer

11. Industry or business Grey-Hound Bus Lines

MOTHER FATHER

12. Name Charles Denton

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

14. Maiden name Lulu C. Walters

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

16. (a) Informant Mildred Denton

(b) Address 3549-St. Gregory Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Baumann Bros-Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) SEP 10 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 7 year 1943 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by a "hit and run" automobile. — Duration

Due to Perforation of stomach; Laceration of liver & r. kidney; — Duration

Due to Contusions of heart and brain; Multiple fractures. — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes. 170c. 4. 21

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) Accident. 096

(b) Date of occurrence Sept. 6, 1943

(c) Where did injury occur? 8600 St. Charles Rd. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Louis H. Bopp (M. D. or other)

Address Kirkwood, Mo. 9-8-43 Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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

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