S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8364

Registration District No. 817 Primary Registration District No. 6076 Registrar's No. 564

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 1, 1943. (Specify whether
In this community since 8/1/43.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Eureka
(If outside city or town limits, write "RURAL")

(d) Street No. Box #41
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Charles B. Preston

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 704-10-4375

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mary

6. (c) Age of ~~husband or~~ wife if alive 47 years

7. Birth date of deceased April (Month) 18, (Day) 1884 (Year)

8. AGE: Years 59 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Car repairman

11. Industry or business -

FATHER
12. Name Jesse Preston
13. Birthplace Unknown (City, town, or county) Penna. (State or foreign country)

MOTHER
14. Maiden name Mary J. Hartman
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 6 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd, year 1944 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1943, to March 2nd, 1944 that I last saw him alive on March 2nd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and insufficiency, and Auricular fibrillation.	Unknown.
Due to -	
Other conditions: Arteriosclerosis, general. (Include pregnancy within 3 months of death)	Unknown.
Hypertension, arterial.	Unknown.

Major findings:
Of operations
Of autopsy No autopsy.

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) no
(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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 3/3/44

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(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1946

MAR 16 19

JUN 26 1945

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.....

Licensed Embalmer No. 2971

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.