

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19003

State File No. _____

FILED JUN 12 1944

Registration District No. 23944

Primary Registration District No. 3058

Registrar's No. 86

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1519 N. Fourth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 N. Fourth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Otis Shanight
(b) If veteran, name war None
(c) Social Security No. 709-18-4007

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1944 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from APR 28
1944 to MAY 14 1944
that I last saw him alive on MAY 13 1944
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Baxter
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 1, 1884
(Month) (Day) (Year)

Immediate cause of death
BRONCHOPNEUMONIA
Due to PULMONARY EMBOLISM
Due to Stroke
Other conditions (Include pregnancy within 3 months of death)
Major findings: 107
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
59 9 13 _____ hr. _____ min.

9. Birthplace Ethel Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

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

11. Industry or business _____
12. Name Charles Shanight
13. Birthplace Detroit Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Mary White
15. Birthplace Ethel Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Shanight
(b) Address St. Charles, MO
17. (a) Burial (b) Date thereof May 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

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? _____
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Halkmann-Baum
(b) Address 326 N. 6th St. St. Charles, Mo
19. (a) May 17, 1944 (b) Ernest S. Paul
(Date received local registrar) (Registrar's signature)

23. Signature Calvin Clay (M. D. or other)
Address 51 CHARLES ST MO Date signed 5/15/44

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

72
9
28

1540

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1944

RECEIVED
District Health Officer. No. 9,
District File Number _____
Date Filed 6-9-44

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 Arthur C. Bauer

Licensed Embalmer No. 3155

P. O. Address St Charles 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.