

FILED SEP 18 1944  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Usona Hotel 5000 Waterman  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Almond

3. (b) If veteran, name war No 3. (c) Social Security No. No

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 About 58 Yrs Old  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>			hr. min.

9. Birthplace England (City, town, or county) (State or foreign country) 4

10. Usual occupation Bookmaker Self

11. Industry or business \_\_\_\_\_

12. Name Unknown (City, town, or county) (State or foreign country) 4

13. Birthplace England (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant E. G. Gill (b) Address 917 Belt Ave

17. (a) Cremation (b) Date thereof Sept 7 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory  
Kriegshauser Und Co  
(d) Address 4228 So. Kingshighway

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_  
19. (a) SEP 6 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1944 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 8-30 1944 to 9-4- 1944  
that I last saw h. i. m. alive on 9-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration \_\_\_\_\_

Due to Teratoma of Testicle

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Removal of Testicle  
Of operations 12-28-42  
Of 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) \_\_\_\_\_  
(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 M.D.

23. Signature [Signature] (M. D. or other) A  
Address 3720 Washington Date signed 9-5-44

*Dr. Roy Stanford*  
*Ball 3-5-15*

*3720 Washington St*

*12:45 P.M.*

*401*

**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..... *Elvin D. McRennett*

Licensed Embalmer No. *E 3024*

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.**