. No. 2
—3-43
5-17-39
I X37823

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

2927

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

Registration District No. 318 Primary Registration District No. 1003

State File No. 734

Registrar's No. 543

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ood

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2519 N. 10th st
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles S. Oakes,

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret Oakes

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

7. Birth date of deceased December (Month) 27 (Day) 1868 (Year)

8. AGE: Years 78 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Cheyene (City, town, or county) Wyoming (State or foreign country)

10. Usual occupation R.R. Switchmann

11. Industry or business retired

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Frederick Oakes

(b) Address 921 Baker St. Bakersfield, Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan -18- 46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director A. Kron L & U. Co

(b) Address 2707 N. Grand Blv'd

19. (a) JAN 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1946 hour 6 minute 35 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 Lobar Pneumonia Fracture of right Femur. When he slipped and fell on the last side of Hadley street at the intersection of Warren St. While attempting to cross from the Southeast to the Northeast corner of that intersection

Due to

Due to

Other conditions Dec 26 1945
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186
Of autopsy 39

Duration

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

(b) Date of occurrence Dec 26 1945 AM

(c) Where did injury occur? St Louis Co (City or town) (County) (State)

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

While at work? (e) Means of injury to above

23. Signature Patrick E. Taylor Dep Cor (M.D. or other)

Address 1300 N. Clark Date signed 1-17-46.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis, 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.