

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3113**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: De Paul Hospital
(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 _____

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

(d) Street No. Terminal Hotel - 1220 Market.
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES HARVEY PRESTON

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sarah M. Preston 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased May 5th 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2 year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-29-46 to 4-2-46, 19____; that I last saw him alive on 4-2-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death:

1. Cerebral hemorrhage Duration 3 days

2. acute myocardial infarction

3. embolism of liver, portal Duration 2, 10

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1/24

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 71 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Brooklyn, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Preston

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah M. Preston-Wife

(b) Address Terminal Hotel - 1220 Market

17. (a) burial (b) Date thereof 4-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Undertakers

(b) Address 2849 North Euclid Avenue

19. (a) APR 3 1946 (b) J. Bredick
(Date received local registrar) (Registrar's signature)

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) (f) Means of injury _____

23. Signature Wayne D. Spivey (M. D. or other) _____
Address 2739 No. Paul Date signed 4-2-46

10458 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Gonla

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 *Robert L. Brinkman*
Licensed Embalmer No. *3553*

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.