

FILED MAR 24 1947
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Registration District No. _____ Primary Registration District No. 1003

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:
2122 East Marine 1415 Clinton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) 3 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 1415 CLINTON ST
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Goings

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1947 hour _____ minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Dec'd years _____

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

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

About 78 _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

(c) 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? _____

16. (a) Informant Mrs. Florence O'Brien

(b) Address 2172 E. Marine

17. (a) Burial (b) Date thereof 3-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

(Specify type of place)

While at work _____ (b) Means of injury 3

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address 23 W. Lockwood, Webster Groves, Mo

19. (a) MAR 4 1947 J. F. Brecken
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 3/4/47

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

MOTHER FATHER

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

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..... *Vair M. Seymour*.....

Licensed Embalmer No. *4343*.....

P. O. Address..... *7415 DePuy Pl
Meywood, N.J.*.....

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.