

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32717**  
**8816**  
Registrar's No. ....

FILED OCT 4 1947  
846  
Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County: **St. Louis Mo.**  
(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: **Missouri Prof. Hosp.**  
(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. Louis**  
(c) City or town: **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **7287 Taylor Ave.**  
**19** rural, give location  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: **Charles L. Lancaster**

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: **Divorced**  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: **Dec. 17 1869**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **1**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Pool Room Operator**

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

12. Name: **Charles Lancaster**

13. Birthplace: **Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Kathleen Humphrey**  
(b) Address: **4479 Delmar Blvd**

17. (a) **Burial** (b) Date thereof: **Sept 20 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **St. Madeline Cem.**

18. (a) Signature of funeral director: **Chas. A. Buffo**  
(b) Address: **4457 Washington St.**

19. (a) **SEP 20 1947** (b) **J. Beebeal**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **18**  
year **1947** hour **6** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from **Sept 5**  
**1947** to **Sept 18** 19**47**  
that I last saw him alive on **Sept 18** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia (Bilateral)**  
**Non-calculous**  
Duration: **1 year**

Due to: \_\_\_\_\_  
Due to: **1/23 a**  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause of 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? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_  
23. Signature: **Joseph E. Glenn** (M. D.)  
**1958 Arcade Bldg** Date signed: **9/20/47**

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

MOTHER FATHER

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**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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

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.