

FILED MAR 11 1948

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital #1. Max C. Starkloff Mem  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 24 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jefferson **50**  
(c) City or town Arnold **15**  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highview Road  
NR. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** CHARLES OTIS COUNTS  
**3. (b) If veteran,** Nil **3. (c) Social Security**  
name war Nil No. 493-05-7395

**4. Sex** M **5. Color or race** W **6. (a) Single, widowed, married, divorced** M  
**6. (b) Name of husband or wife** Bertha **6. (c) Age of husband or wife if alive** 40 years  
**7. Birth date of deceased** April 21, 1906  
(Month) (Day) (Year)

**8. AGE:** Years 41 Months 10 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Ellington, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Drug Manufacturer

**11. Industry or business** Warner Drug Company

**MOTHER FATHER**  
**12. Name** Richard H. Counts  
**13. Birthplace** Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary E. Sullivan  
**15. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Kathryn Counts

**(b) Address** Arnold, Missouri

**17. (a) burial** (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Mount Hope Cemetery

**18. (a) Signature of funeral director** A.W. McLaughlin

**(b) Address** 2301 Lafayette Avenue

**19. (a)** FEB 25 1948 J. F. Bredet  
(Date received by registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 24th  
year 1948 hour 1 minute 45 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 Fractured skull, Subdural Hematoma when the automobile he was driving struck on the side of his head a street car operated by one John Helgen  
at the front of about 4833 S Broadway about 6:45 PM  
Other conditions February 21, 1948  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations 170  
Of autopsy Nil

**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** Feb 21, 1948 noon

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

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** Public Place  
(Specify type of place) (e) Means of injury See above

**23. Signature** Deputy Harry (M. D. or other) 3

**Address** Deputy Coroner **Date signed** 2-25-48

*Sample*

**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..... *R W Cooper*  
Licensed Embalmer No. *3830*  
P. O. Address *2301 Lafayette*

**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.**