

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27540
Registrar's No. 7129

FILED AUG 23 1948

Registration District No. _____

Primary Registration District No. _____

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: 2814a No. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME CHARLES A. BOUNDS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 25, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 16 If less than one day
hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business _____

12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bounds
(b) Address 2814a No. Broadway

17. (a) Burial (b) Date thereof 8-13-48
(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) AUG 14 1948 (b) J.A. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2814a No. Broadway
(If rural, give location)
(e) Citizen or foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 th
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 14 1948 to Aug 11 1948
that I last saw him alive on Aug 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
chronic
Due to + Heart block.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) _____
(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? _____ (Specify type of place)
(Specify type of place)
(Specify type of place)

23. Signature J.P. Budick (M. D. or other)
Address 2675 N. T. Howard Date signed 8/12/48

DR. J.O. Peeler
2505 No. Florissant. Ce.9927
4006 Natural Bridge. Fr.0038

MS JUN 7 1960

7129

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.....

L R Cooper
Licensed Embalmer No. 2633

P. O. Address 1301 Lafayette Ave

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.