

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6258

State File No.

FILED MAR 5 1949

1003

1774

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROMER G. PHILLIPS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2930 Market St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u>		c. (Last) <u>HASKIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1949</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 9 - 1887</u>		9. AGE (In years last birthday) Months Days <u>61 6 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Centry Electric mfg</u>	
11. BIRTHPLACE (State or foreign country) <u>Miss / USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Rosie Mae Haskin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>yes 10</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosie Mae Haskin 316 Denancy St New York N.Y</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Multiple fracture of all four chest ribs</u> <u>When a chain pin fell out during heavy steel burping to shut down and strike the chest and while working at the Century Electric Company 3711 1/2 1st street around 3:00 P.M. Feb 21 1949</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9123</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOME/SIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Work</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-21-1949 3 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>As above</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Joseph M. Quinn Dep. Coroner</u>		23b. ADDRESS <u>1305 Clark Ave</u>	
23c. DATE SIGNED <u>2-24-49</u>		24a. BURNAL CREMATION (Specify) <u>None</u>	
24b. DATE <u>2-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Point, Mississippi</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Randle & Son 3133 Bell ave</u>	
DATE RECD BY LOCAL REG. <u>MAR 2 4 REG.</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *S. J. Watson*.....

Licensed Embalmer No. 2698.....

P. O. Address 2769 Chouteau.....

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.