

FILED MAY-10 1950

THE DIVISION OF HEALTH OF INDIANA
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4062**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 4062			
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Madison							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		8130					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp.				d. STREET ADDRESS (If rural, give location) R R # 8							
3. NAME OF DECEASED (Type or Print) Charles Edward Bales			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 3 1950		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 21-46		9. AGE (In years last birthday)	If under 1 year	If under 24 hrs.	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Anderson, Indiana			12. CITIZEN OF WHAT COUNTRY? Am.					
13a. FATHER'S NAME Max G. Bales			13b. MOTHER'S MAIDEN NAME Bertranda Bryant			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Max G. Bales, R.R. #8, Anderson, Ind.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrydymons, involving base of brain + pons. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.				
19a. DATE OF OPERATION 5-1-50		19b. MAJOR FINDINGS OF OPERATION Same as 18-1(a)						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 192X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from 4-25 , 19 50 , to 5-3 , 19 50 that I last saw the deceased alive on 5-3 , 19 50 and that death occurred at 4:00 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE W. G. Klingberg M.D.				(Degree or title)		23b. ADDRESS _____		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-3-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Anderson, Ind.					
DATE REC'D BY LOCAL REG. MAY 4 1950		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.						

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

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.