

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18306**  
**4544**

FILED MAY 27 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1008</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Randolph</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) <b>4 min</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Red Bud 9120</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>RFD # 2 Rural 1. 8</b>					
3. NAME OF DECEASED a. (First) <b>Wm</b> b. (Middle) <b>Charles</b> c. (Last) <b>Jameson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-20-1950</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct 9-1930</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Randolph Co Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>usa.</b>			
13a. FATHER'S NAME <b>George Jameson</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Wicklein</b>		14. NAME OF HUSBAND OR WIFE <b>None.</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry Jameson Red Bud Ill.</b>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				II. ANTECEDENT CAUSES					
				DUE TO (b) <b>Bilateral Otitis media</b>					
				DUE TO (c) <b>Bacillary meningitis</b>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>Pop Hepatitis</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>340.9</b>					
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 <b>6:50 P.m.</b> , from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <b>Daniel E. Taylor Coroner</b>				23b. ADDRESS <b>1500 Clark</b>		23c. DATE SIGNED <b>5-22-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-22-50</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Red Bud Ill</b>			
DATE REC'D BY LOCAL REG. <b>MAY 22 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service Inc. 4104 Manchester Ave. St Louis 10, Mo.</b>					

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

4544

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 Ronald O. Yahrke

Licensed Embalmer No. 3917

P. O. Address Othello MO

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.