

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38656

State File No. 9235
Registrar's No.

1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2239 c. CITY (If outside corporate limits, write RURAL and give township) 2239 St. Louis d. STREET ADDRESS (If rural, give location) 1517 N. 2nd St	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Undet.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital					
3. NAME OF DECEASED (Type or Print) Charlie		a. (First)		b. (Middle)	
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 18 1950	
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 9	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 57?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk	
16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Rhodes, 2601 N Whittier St.		ADDRESS	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage and Hypertensive Cardiovascular Disease (b) Congestive Heart Failure (c) Inguinal Hernia, left II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒		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) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? 443X		22. I hereby certify that I attended the deceased from 10-15, 1950, to 10-18, 1950, that I last saw the deceased alive on 10-18, 1950, and that death occurred at 1:20a m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Alvin J. Thompson M. D. U	
23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 10-20-50		24a. BURIAL, CREMATION, REMOVAL (Specify) OCT 31 1950	
24b. DATE OCT 31 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) 4104 Marsh	
DATE REC'D BY LOCAL REG. OCT 31 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Motman	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.