

DEC JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43082**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11444**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Iron</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Iron</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>Rt #1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) KINGSBURY c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 23, 1951</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Apr 22 - 1886</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SWITCHMAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ry</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <i>Frank Kingsberry</i>		13b. MOTHER'S MAIDEN NAME <i>Unk Ganley</i>		14. NAME OF HUSBAND OR WIFE <i>BEULAH KINGSBURY</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Chas. Kingsberry Rt. 1, Ironton,</i>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain tumor, metastasized, third ventricle</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 months</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <i>Dec 22, 1951</i>	19b. MAJOR FINDINGS OF OPERATION <i>Br. tumor, glioma, 3rd ventricle</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>192X</i>	

22. I hereby certify that I attended the deceased from *Dec 20, 1951*, to *Dec 23, 1951*, that I last saw the deceased alive on *Dec 23, 1951*, and that death occurred at *9:50 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>George H. Hawkins</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>607 N Grand</i>	23c. DATE SIGNED <i>Dec 24, 1951</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>12-26-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Parklawn Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>
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DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <i>DEC 26 1951</i> <i>Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Southern Funeral Home 6322 S. Grand Blvd.</i>
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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 David J. Hossain

Licensed Embalmer No. 4242

P. O. Address 6322 So. Hwy

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.