

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40037**
Registrar's No. **10971**

REC'D DEC 12 1952

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|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | 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 Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | d. STREET ADDRESS (If rural, give location) 2314 Washington | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charlie | | b. (Middle) | | c. (Last) Cable | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 1952 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH March 7, 1903 | |
| 9. AGE (In years last birthday) 49 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor work | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Wm Cable | | 13b. MOTHER'S MAIDEN NAME Annie Tyler | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Lillian Terry-5018 Kensington | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate with Extension into Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 17.7X. | | | |
| 22. I hereby certify that I attended the deceased from 11-8 , 19 52 , to 11-23 , 19 52 , that I last saw the deceased alive on 11-23 , 19 52 , and that death occurred at 8:40p m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Mary J Thomas M. D. | | | | 23b. ADDRESS 2601 N. Whittier St. | | 23c. DATE SIGNED 11-25-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 11-29-52 | | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. NOV 28 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und. Co. | | ADDRESS 4059 Finney | |

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

m 80. (Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.