

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29901

State File No. \_\_\_\_\_  
Registrar's No. 7307

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 _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		c. CITY OR TOWN <u>St. Louis, Missouri</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>7110 Michigan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A,</u> c. (Last) <u>Dolles</u>			4. DATE OF DEATH (Month) <u>July</u> , (Day) <u>24</u> , (Year) <u>1953</u>	
--	--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Dec. 3, 1876</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR _____	11. UNDER 1 YEAR _____	12. UNDER 1 YEAR _____
--------------------	-------------------------------	--	--------------------------------------	---	------------------------	------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? _____
---	--	--	------------------------------------

13a. FATHER'S NAME <u>Joseph</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Gerald</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Medical Record</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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 _____	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) <u>331X</u> (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from July 21, 1953, to July 24, 1953, that I last saw the deceased alive on July 24, 1953 and that death occurred at 9:00P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard J. Danner MD</u> (Degree or title) _____	23b. ADDRESS <u>1515 Lafayette Ave</u>	23c. DATE SIGNED <u>7-24</u>
--	--	------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) _____	24b. DATE <u>7-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) <u>Lemay, MO.</u> (State) _____
--	--------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Southern Funeral Home 6322 S. Grand</u>
--	---

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.....  
Signature of Student Embalmer

Signed *David Van Fossa*.....

Licensed Embalmer No. *4244*.....

P. O. Address *6322 So. 8*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.