

No. 300  
10-48

FILED AUG 25 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30688

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2181</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellisville</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park #761</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>8 Firn Ridge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Mound</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1953</u>				
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 27, 1906</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theater Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Park Theater</u>		11. BIRTHPLACE (State or foreign country) <u>Valley Park, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>John Mound</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Mesker</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Mound</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Mound Valley Park, Mo.</u>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Brain Tumor History of</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 Da.</u>  <u>Yrs.</u>	
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?			
22. I hereby certify that I attended the deceased from <u>July 30, 1953</u> , to <u>Aug. 5, 1953</u> , that I last saw the deceased alive on <u>Aug. 4, 1953</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hallie Rhinberger D.O.</u> (Degree or title)				23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>		23c. DATE SIGNED <u>8-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Damb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood, Mo.</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 .....  
Student Embalmer

Signed

*William H. Putnam*

Licensed Embalmer No. *431*

P. O. Address *Kirkwood 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.