

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3088**  
Registrar's No. **0925**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>3088</b>		Registrar's No. <b>0925</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>				c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. LENGTH OF STAY (in this place) <b>2 1/2 Months</b>				e. STREET ADDRESS (If rural, give location) <b>2099 East Gano Ave.</b>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				9							
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>			b. (Middle) <b>E.</b>			c. (Last) <b>SELF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 30, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>March 8, 1900</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Groves Laboratory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Glen Carbon, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Self</b>				13b. MOTHER'S MAIDEN NAME <b>Jeanette McManus</b>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nevada Goodson, 2039 E. Gano Ave.</b>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage</b> ANTECEDENT CAUSES DUE TO (b) <b>Esophageal Varices</b> DUE TO (c) <b>Laennec's Cirrhosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <b>5811</b>					
22. I hereby certify that I attended the deceased from <b>JAN 11</b> <b>1955</b> to <b>JAN 30, 1955</b> , that I last saw the deceased alive on <b>JAN 30, 1955</b> , and that death occurred at <b>7:45</b> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Poland A. Triska M.D.</b>						23b. ADDRESS <b>1325 So Grand</b>			23c. DATE SIGNED <b>Jan 31/1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-3-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Staunton, Illinois</b>					
DATE REC'D BY LOCAL REG. <b>FEB 1 1955</b>		REGISTRAR'S SIGNATURE VIA MOTOR <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>					

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.....  
*Glen A. Hat*

Licensed Embalmer No. *372*

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