

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24478

State File No.

6111

Registrar's No.

FILED AUG 2 - 1955

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 1410 Francis	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Townsend		4. DATE OF DEATH (Month) (Day) (Year) 7 12 55	
5. SEX Male		6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3, 1908	
9. AGE (In years last birthday) 47		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tire Repair Man		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Sheldon, Miss		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Allen Townsend		13b. MOTHER'S MAIDEN NAME O'nealy Townsent	
14. NAME OF HUSBAND OR WIFE Laura Townsend			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Laura Townsend, 1410 Francis		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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Hepatoma; Cirrhosis of Liver ANTECEDENT CAUSES 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 6-9-55		19b. MAJOR FINDINGS OF OPERATION Cirrhosis of Liver	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? 155X			
22. I hereby certify that I attended the deceased from 5-15- , 19 55 , to 7-12 , 19 55 , that I last saw the deceased alive on 7-12 , 19 55 , and that death occurred at 12:30p m., from the causes and on the date stated above.			
23a. SIGNATURE Frank O. Richards		23b. ADDRESS M.D. 2601 N. Whittier	
23c. DATE SIGNED 7-15-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/55	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. JUL 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green		ADDRESS 4060 Washington Ave	

(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
Signature of Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *44*

P. O. Address *St. Louis*

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.