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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007149
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1233

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Lemay 4870 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 02 Alexian Bros. Hosp. — Length of stay in 1b 12 days	d. STREET ADDRESS (If outside, give location) 27 8430 Alaska — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Charles	Middle: J.	Last: Douglas Jr.	4. DATE OF DEATH Month Day Year: Jan. 31, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: February 10, 1908	9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter	10b. KIND OF BUSINESS OR INDUSTRY: Anheuser-Busch	11. BIRTHPLACE (City and state or country): St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles J. Douglas Sr.		14. MOTHER'S MAIDEN NAME: Louise Feikert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None		16. SOCIAL SECURITY NO.: 498-01-4051	17. INFORMANT: Alvera Douglas	Address: 8430 Alaska Ave, Lemay, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lung Abscess

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Emphysema

DUE TO (c) Cardiac Hypertrophy

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 518x

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 530 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) 3 — 22b. ADDRESS 1300 [illegible] — 22c. DATE SIGNED 2/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: Feb. 3, 1958 — 23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery — 23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries — ADDRESS: 7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 3 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith, M.D. MJB

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rice C. Branson

Licensed Embalmer No. 4.2

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.