

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003245

FILED VS. JAN 29 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar **2** **654** STATE FILE NUMBER

2-18-60 ns

75 yrs.

73 yrs.

9

DOCUMENT Emp. Rec. - Central Roof. & Siding, 1940

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>2 weeks</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin DesLoge Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3103a N. Market St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>RICHARD</b> Middle <b>B.</b> Last <b>CHARLES</b>				4. DATE OF DEATH Month <b>January</b> Day <b>18</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <del>4-2-1888</del> <b>4-2-1885</b>	9. AGE (last birthday) <del>75</del> <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roofer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg. Construction</b>		11. BIRTHPLACE (City and state or country) <b>New Orleans, La.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Richard Charles</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Josephine Charles</b>			
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>498-18-3938</b>		17. INFORMANT <b>Josephine Charles,</b> Address <b>above</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial insufficiency</b> <b>Coronary Sclerosis</b> DUE TO (b) _____ DUE TO (c) <b>426.1</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>UNK.</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-5-1960</u> to <u>1-18-1960</u> and last saw <sup>her</sup> him alive on <u>1-18-1960</u> Death occurred at <u>1-18-1960 3:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>John Burnham</b> (Degree or title)				22b. ADDRESS <b>4600 Maryland</b>				22c. DATE SIGNED <b>19 Jan 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>			23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>			(State)
24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>JAN 19 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			

*m. J. B.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. Allen Davis Jr.*

Licensed Embalmer No. 4053

P. O. Address. L.P.L.

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.