

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23906  
State File No. 23906

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5572 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Heerculaneum</u>		c. CITY OR TOWN <u>Heerculaneum</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>E.</u> c. (Last) <u>London</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 23 1877</u>
9. AGE (in years last birthday) <u>71-9-14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Worker Retired Lead Smelter</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Asbury London</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Dudley</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Farris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul London</u>		ADDRESS <u>St Louis 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, ashenia, 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 DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
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) (m.)	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>4/10</u> , 19 <u>49</u> , to <u>6/7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>49</u> , and that death occurred at <u>4:00</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Define or title) <u>[Signature]</u>		23b. ADDRESS <u>Heerculaneum Mo</u>	23c. DATE SIGNED <u>6/8/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doel Run Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Doel Run MO</u>
DATE REC'D BY LOCAL REG. <u>June 9, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
		ADDRESS <u>120 Main St. Juba MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 1 6 1949

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 \_\_\_\_\_

James J. Cummings Student Embalmer No. 235  
working under my personal supervision.

Student James J. Cummings  
Student Embalmer

Signed H. W. [Signature]  
Licensed Embalmer No. 3010

P. O. Address Foster Rd

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.