WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18917

791
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File No. 5324
Registered No. 4

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. 712A Chouteau St. ..... Ward)

2. FULL NAME Gertrude B. Charleville

(a) Residence. No. 712A Chouteau St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Kings Candy Co.

9. BIRTHPLACE (CITY OR TOWN) Brickies
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Charleville
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sophia Billey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Mo.

14. INFORMANT Sophia Charleville
(Address) 712 S Chouteau

15. FILED MAY 15 1928, 19.. Mary C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from April 14 1928, to May 14 1928, that I last saw h. alive on May 14 1928, and that death occurred, on the date stated above, at 3:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
Pneumonia
(duration) ..... yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of the Lungs (duration) ..... yrs. 9 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. Wurtenbaugh, M. D
, 19.. (Address) 1341 Arlington Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	5/16 1928

20. UNDERTAKER	ADDRESS
A. H. McLaughlin	1631 Missouri