

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

Do not use this space.

3029

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 003
City St. Louis Mo. No. 1706 S. Vandeventer

File No.....
Registered No. 514
St. Ward)

2. FULL NAME

Charles David League
(a) Residence, No. 4156 Blaine St., 18 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lucy League

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 21/1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	0	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer Huttig Sash & door Co

9. BIRTHPLACE (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Wm, League</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Katharine Parker
(Address) 4207 Hartford St.

15. FILED JAN 16 1930
Ray C. Parker REGISTRAR

A MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 15 1930

17. No Physician in Attendance
HEREBY CERTIFY, That I attended deceased from 19....., to..... 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 11:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
97. A
180
..... (duration) yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis
..... (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) [Signature] M.D.

1-16-30 (Address) Deputy Coroner

*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 Potosi Mo.
DATE OF BURIAL I/19/30

20. UNDERTAKER Sparks Und. Co.
ADDRESS potosi Mo

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.

232

