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.

25152

File No. 25152
Registered No. 7359

1. PLACE OF DEATH

County ..... Registration District No. 8001
Township ..... Primary Registration District No. 138
City St Louis Mo. (No. Good Samaritan Home St. ..... Ward)

2. FULL NAME Alice J. Charles

(a) Residence. No. Taylor & Washington St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) 12-21-1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	7	19	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Benjamin Charles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Julia Chiple
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Chester Legg
(Address) Kingsville Mo

15. FILED July 23 1930 Jerry C. Mellow REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1930

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1930, to July 21, 1930 that I last saw her alive on July 21, 1930 and that death occurred, on the date stated above, at 7.55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
8 yr
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral Apoplexy (duration) yrs. 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?
(Signed) E. G. Ochler, M. D.
, 19 (Address) 802 Metropolitan Bldg.

*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 Bellefountaine — DATE OF BURIAL July 23 1930
20. UNDERTAKER Alexander & Sons — ADDRESS 6175 Delmar