

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

Do not use this space.

16697

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. East City Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5266  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charity Ploude  
 (a) Residence No. 3364 Del Pine St., 19 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Ploude

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 8 17

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Waitress 249  
 (b) General nature of industry, business, or establishment in which employed (or employer) unemployed for sometime  
 (c) Name of employer unknown

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

**PARENTS**  
 10. NAME OF FATHER Clum Honea  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Lucie Honea  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Robert Honea  
 (Address) 3304 Chardley

15. FILED 11-1-31 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 19 31  
 17. I, Dr. Physician in attendance, HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 130-A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
163c  
Legal Poisoning  
(with administration of alcohol)  
 residence (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 163

8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Kerner M.D.  
5/4 1931 (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 St. Mathews Cemetery DATE OF BURIAL May 4 1931  
 20. UNDERTAKER Trigphaceo and Leo ADDRESS 4104

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERSISTENT 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.

