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

Do not use this space.

19246

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 8248 B — Registered No. 186
City Koch (No. Koch Hospital St. Ward)

2. FULL NAME Charlotte Lynn
(a) Residence. No. 2328 a Texas St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 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 J.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 7 1902

7. AGE: 28 — YEARS: ~~1902~~ — MONTHS: 9 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): 255
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo. 1

PARENTS
10. NAME OF FATHER: Charles Apel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Warsow Ill. 2
12. MAIDEN NAME OF MOTHER: Thomas Anna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo. 1

14. INFORMANT (Address): Koch Hosp Records

15. FILED May 15 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to May 14, 1931, that I last saw her alive on May 14, 1931, and that death occurred, on the date stated above, at 6:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tbc 230

About 5 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? P
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) Royal Weir, M. D.
, 19 (Address) Koch Mo.

*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: New St. Peter & Paul Cemetery — DATE OF BURIAL: May 18 1931

20. UNDERTAKER: J. H. Gebken — ADDRESS: 2630 Gravois Ave

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.

JUN 29 1931

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