

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. *710*  
 Township ..... Primary Registration District No. *200*  
 City *St. Louis* (No. *City Hospital*)  
 # *15735* *Charlotte Durrett* St. .... Ward .....

File No. *42671*  
 Registered No. *15*  
 St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. *2318 No. Market St.* Ward *22*  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *25* 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) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 23-1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>65</i>	<i>4</i>	<i>7</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Kentucky*

13. NAME *Chas. Vander Espte*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

15. MAIDEN NAME *Charlotte Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belgium*

17. INFORMANT (ADDRESS) *Hospital 2020 1st St. St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Jan. 5, 1933*

19. UNDERTAKER (ADDRESS) *St. Louis*

20. FILED *JAN -1 1933* Registrar *W. C. Stanley*

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 13th 1932* to *Dec. 30th 1932*

I last saw her alive on *Dec. 30th 1932* Death is said to have occurred on the date stated above, at *10.15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Chr. Myocarditis*  
*Chr. Cholecystitis*  
 Other contributory causes of importance: *1276 1306*

Name of operation *Gast. Bladder removal* Date of *12-29-32*  
 What test confirmed diagnosis? *clinical* Was there an autopsy? *1*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) *Jeanne Simon* M. D.  
 (Address) *City Hospital*

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.

