FEB 27 1934

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

Do not use this space.

3511

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 14
City University City (No. 7039 Pershing Ave St. Ward)

2. FULL NAME Mrs Emma Charters
(a) Residence, No. 7039 Pershing St., 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: 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: Herbert Charters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-26-1860

7. AGE: YEARS 73 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): Binghampton New York

FATHER
13. NAME: William Camp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Emma Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Olive S. Gaines 7039 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Jan. 24, 1934

19. UNDERTAKER (ADDRESS): Alexander & Lons 6175 Delmar

20. FILED Jan 23, 1934 Lina V. Moeller D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, Jan 21, 1934
I last saw her alive on Jan 21, 1934. Death is said to have occurred on the date stated above, at 11 55 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Dec 18, 1933

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Other contributory causes of importance: Chronic Cardiovascular-Renal disease — Feb 22, 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify
(Signed) Leo Fitz Gerald, M. D.
(Address) 6677 Delmar Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD