

APR 25 1934

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

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
1003
Primary Registration District No.
5042 Wells Avenue

File No. 10740
Registered No. 2563
St. Ward)

2. FULL NAME Charles E. Kercheval
(a) Residence, No. 5042 Wells Avenue St. 6 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora B. Kercheval				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th, 1871				
7. AGE YEARS 63	MONTHS 1	DAYS 0	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Food Products)				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) **Montgomery City,**
(STATE OR COUNTRY) **Missouri**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT Cora B. Kercheval
(ADDRESS) 5042 Wells Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE March 15th, 34

19. UNDERTAKER Wick Bros
(ADDRESS) 2201 S. Grand Boulevard

20. FILED MAR 11 1934 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12th, 1934**

22. HEREBY CERTIFY, That I attended deceased from 1/15 1934 to 3/12 1934
I last saw him alive on 3/12/34, 19..... Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Cardiac myelitis
Acute Myocarditis
Date of onset **1931**
9561
3/9/34

Other contributory causes of importance:
Acute Myocarditis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 19.....
Where did injury occur?, 19.....
(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) J. W. [Signature] M. D.
(Address) 12532 Washington

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.

OCCUPATION
MOTHER
FATHER

3532

12-2-20

12-2-20