

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

Do not use this space.

22540

6373

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis Mo (No. St. Louis Ch. Hospital, St. 500 S. Kingshighway Ward)

2. FULL NAME

Charleen Towers
 (a) Residence, No. 126 N. 78th St., NR Ward, Belleville Ill
 (Usual place of abode) (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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.
Child 15 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill

MOTHER
 13. NAME Engene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Modelle Bachma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT W. Blum (ADDRESS) Kinghighway

18. BURIAL, CREMATION, OR REMOVAL W. Catholic DATE June 29, 1934

19. UNDERTAKER St. Peter's (ADDRESS) Belleville Ill

20. FILED 19 20 1001 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-34

22. I HEREBY CERTIFY, That I attended deceased from 6-11-34 to 6-28-34

I last saw her alive on 6-28-34 Death is said to have occurred on the date stated above, at 9:20 m.

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

Obstructive Hydrocephalus - about 5-1-34
Other contributory causes of importance: Stenocardiac disease of newborn
4-1-34

Name of operation Cerebellar Exploratory Date of 6-28-34
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

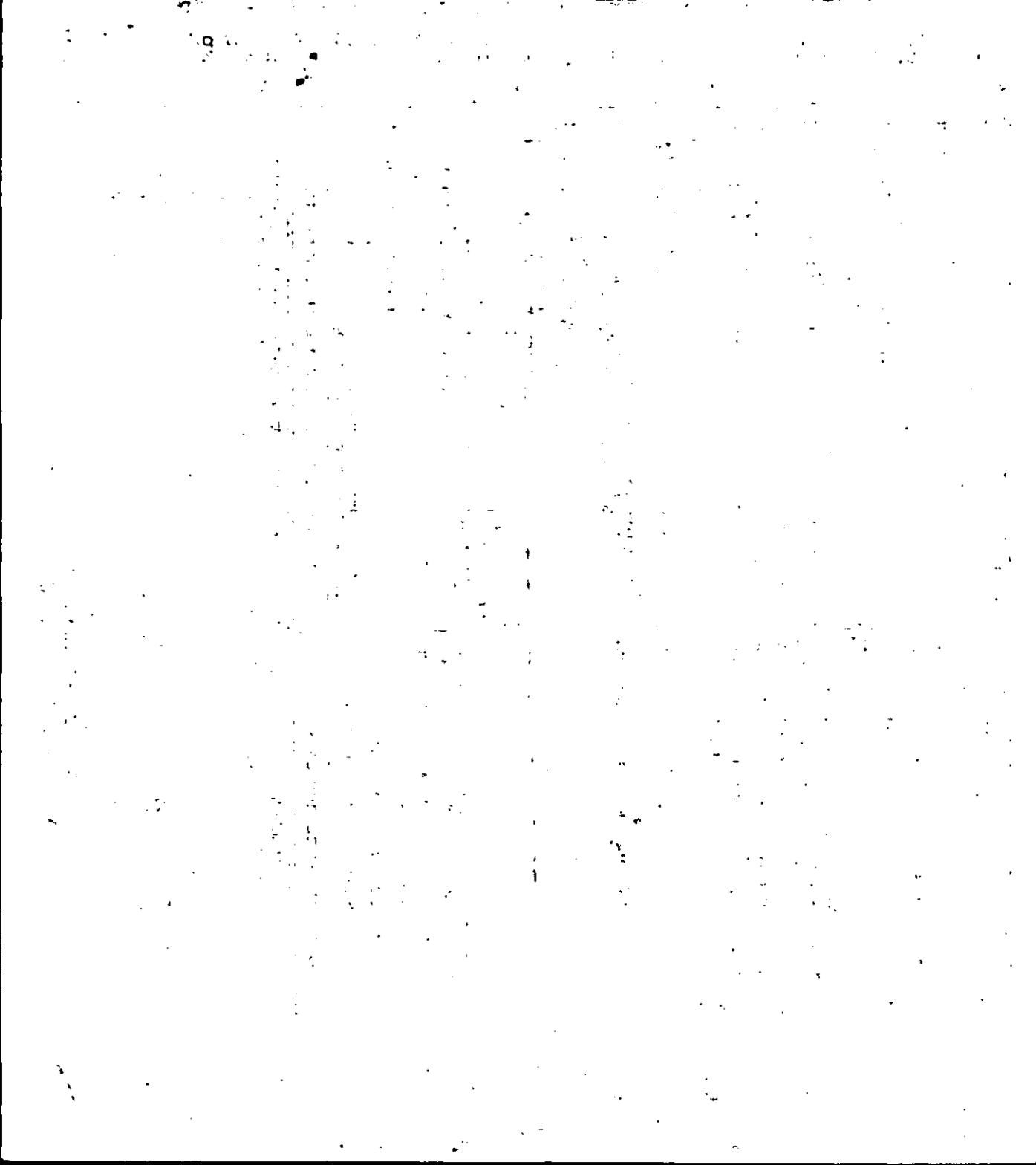
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Stanley H. Hammon, M. D.
 (Address) 500 S. Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.



St Louis City

WASHINGTON

6373

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charleen Louers
Who died at St. Louis Children's Hospital on June 28 1934
Residence: No. 126 N. 78th St. Belleville St.
Ill. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days 14
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth 4-1-34 Age: Years 0 Months 2 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Obstructive Hydrocephalus Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance Hemorrhagic disease - new born with intracranial hemorrhage at birth

Name of operation Exploratory Craniotomy Date of 6-28-34

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

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 Injury at birth

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Stanley L. Harrison

Address of physician 500 S. Kings Highway

Signature of Registrar J. F. Bredek Date filed Oct 26 - 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 791

Primary Reg. Dist. No. 1003

E. T. McLaugh
Special Agent. State Registrar

Obstructive hydrocephalus was secondary to intracranial hemorrhage which was the result of a birth injury and hemorrhagic disease of the newborn. It was most certainly not tuberculous in origin

Stanley L. Harrison M.D.
500 S. Kensington

S-22540