

REC'D JUN 7 1938

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

19485

Do not use this space.

1. PLACE OF DEATH **St. Louis**
(a) County **Jefferson** Registration District No. **784**
(b) Township **Jefferson** Primary Registration District No. **106** Registered No. **805**
(c) City **Kirkwood** (d) Street No. **On Street** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Wilmer M. Charleville**
(a) Residence, No. **2616 Arther Avenue** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 19, 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
19 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **7**

12. BIRTHPLACE (CITY OR TOWN) **Praire Du Rocher** (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Frank Charleville**

14. BIRTHPLACE (CITY OR TOWN) **Praire Du Rocher** (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Rose Weber**

16. BIRTHPLACE (CITY OR TOWN) **Praire Du Rocher** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Harry Meyers** (ADDRESS) **2419 Sutton Ave., Maplewood, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive Cemetery** DATE **May 6, 1938**

19. FUNERAL DIRECTOR **Jay B. Smith Funeral Home** (ADDRESS) **7456 Manchester Ave. Maplewood, Mo.**

20. FILED **5-5** 1938 **R. Meyers** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at....., **12:55PM**.

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

Auto-truck -- bicycle accident. Date of onset
Fell under rear right wheel of auto-truck while riding on a bicycle. **5/2/38**

Other contributory causes of importance:
Fracture of the skull. **5/2/38**

Name of operation **none** Date of.....
What test confirmed diagnosis **physical signs** where an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **accident** Date of injury **5/2/38**
Where did injury occur? **Kirkwood, Mo.** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Public place
Manner of injury **Bicycle rider holding onto the truck**
Nature of injury **Fractured skull.**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **John O. Conwell** M. D.
Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)