

FILED MAR 10 1943
Registration District No. **318**

Primary Registration District No. **100E**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County _____

(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2045 a O'Bear Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charollet E. Eragnine Day

3. (b) If veteran, name war _____

3. (c) Social Security None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. James A Day

6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased. Dec. 3 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace. New Athens Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business. Fredrick Miller

12. Birthplace. Germany
(City, town, or county) (State or foreign country)

13. Maiden name. Amelia Peizer

14. Birthplace. Red Bud Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant. James A. Day

(b) Address. 2045a O'Bear Ave.

17. (a) Burial (b) Date thereof. 2/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Red Bud, Illinois

18. (a) Signature of funeral director. Albert H. Hoppe Inc.

(b) Address. 4700 Washington Blvd

19. (a) FEB 24 1943 (b) J. P. Braddock
(Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditic Chronic Interstitial nephritis

Due to _____

Due to _____

Other conditions. 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature. Albert H. Hoppe (M. D. or other)

Address. 121st Street Date signed 2/18/43

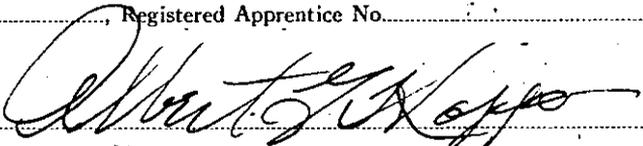
1823

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 2971.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Mo. }
City of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1823

On this 29 day of March, 1943, before me appears.....

James A. Day, who, upon his oath, states that the original record of ~~birth~~ death for Charlotte E. Day, died Feb. 18th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 24, 1943, should be corrected as follows:

Item No. 3 should read Charlotte E. Day

Instead of Charlotte Ernestine Day

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James A. Day Relationship.

4421 Westminster
Present Address.

Subscribed and sworn to before me this 29 day of March, 1943.

My Commission expires April 8 - 1944 Walter J. Kimmeler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

4088