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#35046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4071

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1064

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 3 mos-16 days (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL") 16

(d) Street No. 3818 JUNIATA
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CATHERINE (Kate) Charleville

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY 3 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS COUNTY Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation DRESS MAKER

11. Industry or business

FATHER
12. Name JOS. L CHARLEVILLE
13. Birthplace ST. LOUIS Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZ. EPSTEIN
15. Birthplace ST. LOUIS COUNTY Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant JOS. CHARLEVILLE

(b) Address 4026 ARSENAL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS CEM

18. (a) Signature of funeral director OSCAR J HOFFMEISTER

(b) Address 4016 CHIPPEWA

19. (a) (Date received local registrar) FEB 3 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1945 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 10/20/44, 19, to 2/1/45, 19; that I last saw her alive on 2/1/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

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

Major findings:
Of operations

Of autopsy None

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature James F. Hunt (M. D. or other)

Address 1515 Lafayette 2/2/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

1063

1061

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 Albert G Hoppe

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.