

National Office of Vital Statistics  
**FILED FEB 28 1948**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1356**

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.....  
**Pronounced at City Hospital 3 Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**29 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No..... **6040 Kingsbury Avenue**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES V. SHREVE**

3. (b) If veteran, name was **R.C.A.F. Canadian A/C**

3. (c) Social Security No. ....

4. Sex **Male** 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..... **August 22, 1913**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Day	If less than one day
	<b>34</b>	<b>5</b>	<b>16</b>	hr. min.

9. Birthplace..... **South Bend Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Traveling Salesman**

11. Industry or business..... **Flour Milling**

12. Name..... **David M. Shreve**

13. Birthplace..... **Spring Hill, Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Stella A. Fleischfresser**

15. Birthplace..... **Hart, Winona Co., Minnesota**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. David M. Shreve**

(b) Address..... **6040 Kingsbury Avenue**

17. (a) **Burial** (b) Date thereof **Feb. 10, '48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery**

18. (a) Signature of funeral director..... **Beiderwieden F.H. Inc.**

(b) Address..... **1936 St. Louis Avenue**

19. (a) **FEB 9 1948** (b) **J. J. Bredecker**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8th**  
year **1948** hour **7** minute **45** A.M.

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

Immediate cause of death..... **Carbon Monoxide Poisoning**  
*When deceased was found in his auto mobile parked at the curb in front of 6040 Kingsbury Ave. With the motor running and a hose attached to the exhaust pipe leading into the trunk of the automobile of the car on Feb. 8, 1948 at about 7:45 a.m.*

Major findings:  
Of operations.....  
Of autopsy.....

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

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **Feb. 8, 1948**

(c) Where did injury occur?..... **St. Louis**  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?..... **No**  
While at work?..... (Specify type of place)  
(e) Means of injury..... **Carbon**

23. Signature..... **Patrick T. Taylor** (M. D. or other)..... **3**  
Address..... **Deputy Coroner** Date signed **2-9-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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 Paul H. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.