

1906  
-47  
-39  
1906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED AUG 28 1948  
318  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003  
Primary Registration District No. 1003

State File No. 27584  
Registrar's No. 7281

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2613 Madison St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Mrs. Maude Charles  
3: (b) If veteran, name war none  
3: (c) Social Security No. none

4. Sex female 5. Color or race white  
6: (a) Single, widowed, married, divorced widowed  
6: (b) Name of husband or wife late Burlington Charles  
6: (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased May 29th, 1879  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 20  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER  
12. Name Patrick Simmons  
13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Ahl  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Charles  
(b) Address 2613 Madison St.

17. (a) Burial (b) Date thereof 8-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Mt.—Cape Girardeau, Mo

18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) AUG 19 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 6-11  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2613 Madison St. 9  
(If rural, give location)  
(e) Citizen of foreign country? 20 (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 19th  
year 1948 hour 2:00 AM minute 0  
21. I hereby certify that I attended the deceased from July 13/48  
Aug 19 1948 to Aug 18 1948  
that I last saw him alive on Aug 18 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Dilatation of the  
Right Ventricle 1 day  
due to Myocardial Infarction 1 mi.  
Due to Chronic Nephritis 1 mi.  
Other conditions 181  
(Include pregnancy within 3 months of death)  
Major findings: 181  
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 [Signature] (M. D. or other)  
Address 1825 Madison Date signed [Signature]

**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 *J. Allen Davies*  
.....  
Licensed Embalmer No. *4053*  
.....  
P. O. Address *2223 St. Louis*

**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.**