

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41508

State File No.

FILED JAN 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>160</u>	PRIMARY REG. DIST. NO. <u>3030</u>	Registrar's No. <u>80</u>
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus, Mo.</u>		c. LENGTH OF STAY (in this place) <u>33 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>731 Vine</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>L.</u> c. (Last) <u>Charleville</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 2, 1878</u>	9. AGE (In years last birthday) <u>71</u> <small>IF UNDER 1 YEAR Months Days</small> <u>2 13</u> <small>IF UNDER 24 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pittsburgh Plate Glass</u>	11. BIRTHPLACE (State or foreign country) <u>Prairie Du Rocher, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edmond Charleville</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carron</u>	14. NAME OF HUSBAND OR WIFE <u>Alice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Charleville</u> ADDRESS <u>Festus, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 22</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr. 3, 1971</u> , to <u>Aug 24, 1979</u> , that I last saw the deceased alive on <u>Aug 24, 1979</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Pat Bauger, M.D.</u> (Degree or title)		23b. ADDRESS <u>Festus, Mo.</u>	23c. DATE SIGNED <u>12/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/15/49</u>	REGISTRAR'S SIGNATURE <u>Alice Sellmuller</u>	<u>142</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quentin R. Politta</u> ADDRESS <u>Crystal City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 20 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-10-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Eleanora Torrice

Signed.....
Student Embalmer

Licensed Embalmer No. *3403*

P. O. Address *Festus Mo.*

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.