

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7120**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **639**

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Co., Mo.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Bellefontaine - Hi. 66	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Tr. School			

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Brown c. (Last) Charleston			4. DATE OF DEATH (Month) (Day) (Year) March 8 1950		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Feb. 2, 1935		9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months 1 Days 5	
IF UNDER 1 YEAR Hours 8 Min. 17		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME James Charleston		13b. MOTHER'S MAIDEN NAME Sadie Brown		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy M. Ellersieck M.D. - St. L. State Tr. School	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition - Due to inability to assimilate food. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left hemiplegia - Idiocy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy.			INTERVAL BETWEEN ONSET AND DEATH 10 days Life 352X Life
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (m.)		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 **6-21-1948**, to **Mar 8, 1950**, that I last saw the deceased alive on **Mar 8, 1950**, and that death occurred at **8:17a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dorothy M. Ellersieck, M.D.		23b. ADDRESS St. L. State Tr. School		23c. DATE SIGNED 3-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-14-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, St. Louis Co.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 11 1950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert R. Alonke, 44 Sun Lane, 2930 Dickson	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur S. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.