

No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7048

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 528

1. PLACE OF DEATH
 a. COUNTY ST LOUIS
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton Rural
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 99, So. Highway 66, St. Co

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Illinois b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton
 d. STREET ADDRESS (If rural, give location) 2015 Belle

3. NAME OF DECEASED
 a. (First) Zelma b. (Middle) _____ c. (Last) Charleston

4. DATE OF DEATH (Month) (Day) (Year)
2-25-51

5. SEX Female 6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 24, 1917

9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (How kind of work done during most of working life, even if retired) Deautilcian

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Blytheville, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Winston

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Herbert Charleston

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 Harvey Charleston Festus, Mo #2

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) brain injury with possible asphyxia - thrown from automobile which crashed into a tractor-trailer on Highway 99 near Highway 66, St. Louis County, Mo. - passenger in car.
 ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 II. OTHER SIGNIFICANT CONDITIONS Mo. - passenger in car.
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road

21c. (CITY, TOWN, OR TOWNSHIP) Rural (COUNTY) St. Louis (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 25 51 A

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? see above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Arnold J. Willmann (Degree or title) Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 2/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/1/51

24c. NAME OF CEMETERY OR CREMATORY Upper Alton

24d. LOCATION (City, town, or county) (State) Alton Illinois

DATE REC'D BY LOCAL REG. 2-27-51

REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney

EW Licensed Embalmer's Statement on Reverse Side

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

4000 3

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Alvin E. Green
.....
Licensed Embalmer No. *4428*

P. O. Address *St. Louis, 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.