

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20233

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1356

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	c. LENGTH OF STAY (In this place) <u>26 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	<u>4587</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 OAKWOOD</u>		d. STREET ADDRESS (If rural, give location) <u>505 OAKWOOD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUELLA</u> b. (Middle) <u>EDITH</u> c. (Last) <u>CHARLTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-28-1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHICAGO, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>GEO. M. SAYER</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA BRIDGE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN R. CHARLTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. R. Charlton 505 Oakwood</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Metastases to bones.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>			

19a. DATE OF OPERATION <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma breast & axillary glands</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from 1945, 19 , to 5/14/53, 19 , that I last saw the deceased alive on 5/14/53, 19 , and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank P. Gault M.D.</u>	23b. ADDRESS <u>Webster Groves, MO</u>	23c. DATE SIGNED <u>5/14/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO.</u>		

DATE REC'D BY LOCAL REG. <u>5-15-53</u>	REGISTRAR'S SIGNATURE <u>Hackett R. Danks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank M. Parker - Aldrich 7 Home Webster Groves Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1007
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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

Ronald O Yahrke

Licensed Embalmer No.

3917

P. O. Address

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.