

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34644

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

8825

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

| | | | |
|--|------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis | | c. CITY OR TOWN Saint Louis | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital | | STREET ADDRESS (If rural, give location) 14 6439 Lindenwood 2149 | |
| 3. NAME OF DECEASED a. (First) Charlotte (Type or Print) | | b. (Middle) NNN | |
| c. (Last) Charles | | 4. DATE OF DEATH (Month) (Day) (Year) 10-9-1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6-17-1882 |
| 9. AGE (In years last birthday) 73 | | 10. AGE (In years last birthday) IF UNDER 1 YEAR: Months 6 Days 17 IF UNDER 24 HRS. Hours 4 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Concrete Yorkshire Co England | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Alvin Mason | | 13b. MOTHER'S MAIDEN NAME Annie Proctor | |
| 14. NAME OF HUSBAND OR WIFE William Henry Charles | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none | | 16. SOCIAL SECURITY NO. NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME William Henry Charles | | ADDRESS 6439 Lindenwood | |
| 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. | | MEDICAL CERTIFICATION St Louis, Missouri I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 April , 19 55 , to 10-9 , 19 55 , that I last saw the deceased alive on 10-9-55 , 19 55 , and that death occurred at 1:35 AM , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John J. Onley, M.D. | | 23b. ADDRESS 5703 Chippewa St. St. Louis, Mo. | |
| 23c. DATE SIGNED 10-10-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-12-1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | | 24d. LOCATION (City, town, or county) (State) St Louis Co., Mo. | |
| DATE REC'D BY LOCAL REG. OCT 10 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE HOFFMEISTER COLONIAL MORTUARY | | ADDRESS 6464 Chippewa St. St. Louis 9, Missouri | |
| (Licensed Embalmer's Statement on Reverse Side) | | | |

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

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Linus C. Hoffmann*.....

Licensed Embalmer No. *381*

P. O. Address *7814 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.