

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013755
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 139

300
1-57
3620

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8120 a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Chicago	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS (If outside, give location) 6607 S. Honore	
Length of stay in lb 11 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Lillian Maude Charleston			4. DATE OF DEATH Month Day Year April 27, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1888	9. AGE (In years last birthday) 69	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
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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 country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Clay	13b. MOTHER'S MAIDEN NAME Mary Hawk	14. NAME OF HUSBAND OR WIFE John Charleston
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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. 339-12-6242	17. INFORMANT Geraldine Harr	Address Chicago, Ill. 6607 S Honore
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>cardio vascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	442 X
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bronchial asthma.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>4-16-58</i> to <i>Apr 27-1958</i> and last saw her alive on <i>Apr 27, 1958</i> Death occurred at <i>115 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>HKS Schmidt MD</i>	22b. ADDRESS <i>27th & Elm St. Washington</i>	22c. DATE SIGNED <i>4-29-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-2-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) 115 & Fairview, Chicago, Ill.
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24. FUNERAL DIRECTOR <i>D. F. Lichtenberg</i>	ADDRESS Marthasville, Mo.	25. DATE RECD. BY LOCAL REG. <i>4/29/58</i>	26. REGISTRAR'S SIGNATURE <i>J. H. Anderson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 14 1958

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
Signature of Student Embalmer

Signed *Edmond F. Lutz Embler*

Licensed Embalmer No. 4318

P. O. Address *Marthasville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.