URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 8 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11187 STATE FILE NUMBER 60-043838

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b 2mo. 6days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hospital Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3400 S. Grand Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Charlotte Middle Last Langelle

4. DATE OF DEATH Month Day Year 11-19-60

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-4-79

9. AGE (last birthday) 81 years IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Carlos Bernado

13b. MOTHER'S MAIDEN NAME Ann Bernado

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Roda Munro Address 6806 Ravenscroft Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease 2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 420.0

DUE TO (c) Generalized Arteriosclerosis 2 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Multiple Decubiti – 2 mo.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 13, 1960, to Nov. 19, '60 and last saw her/him alive on Nov. 19, 1960

Death occurred at 2:40 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.

22b. ADDRESS 5800 Arsenal

22c. DATE SIGNED 11/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov 21-1960

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem

23d. LOCATION (City, town, or county) (State) St. Louis Co., MO.

24. FUNERAL DIRECTOR ADDRESS A H Bockeag 6536 Clayton Rd

25. DATE RECD. BY LOCAL REG. NOV 21 1960

26. REGISTRAR'S SIGNATURE Hal Smith M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elmo R Cadwell

Licensed Embalmer No. 4077

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.