SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021704
STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 37

FILED JUL 14 1961

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN T.S. — Length of stay in 1b 10 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON CO. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY STE. GENEVIEVE
c. CITY OR TOWN BLOOMSDALE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle STEPHEN Last CHARLEVILLE
4. DATE OF DEATH Month JULY Day 7 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/18/01
9. AGE (last birthday) 60 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BLOOMSDALE MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FERDINAND CHARLEVILLE
13b. MOTHER'S MAIDEN NAME PAULINE LA ROSE
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 Alphone Basler Address Bloomsdale Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncial asthma — INTERVAL BETWEEN ONSET AND DEATH 30 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis — 15 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1931, to July 7, 1961 and last saw ~~her~~ him alive on 5th July 1961
Death occurred at 6:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur Stephen MD
22b. ADDRESS Ste. Genevieve, Mo
22c. DATE SIGNED 7/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7/10/61
23c. NAME OF CEMETERY OR CREMATORY STAGNES
23d. LOCATION (City, town, or county) BLOOMSDALE (State) MO

24. FUNERAL DIRECTOR Leo C. Basler ADDRESS Ste. Genevieve Mo
25. DATE RECD. BY LOCAL REG. 7-10-1961
26. REGISTRAR'S SIGNATURE Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

MEDICAL CERTIFICATION

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 Adrian J. Stiler

Licensed Embalmer No. 4740

P. O. Address Ste. Geneve

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