

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13270

**1. PLACE OF DEATH**

County .....  
Township .....  
City, St. Louis, (No. Home for the Aged.)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 3835  
St. .... Ward)

**2. FULL NAME**

Louis D. Charleville.

(a) Residence. No. 3400 So. Grand Blvd. St. 16 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Charleville

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know. 1843.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 85 Unknown

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Co.  
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Dont Know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Dont Know.

14. INFORMANT 7269 Zephyr Avenue.  
(Address) Louis D Charleville

15. FILED 30 13270 REGISTRAR May E. Starnes

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 19 29  
17. 3/28

I HEREBY CERTIFY, That I attended deceased from March 27 to March 28, 1929 (that I last saw h. alive on March 27, 1929 and that death occurred, on the date stated above, at 3 P.M.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Branchial Pulmonary  
92A  
10/11  
..... (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Other drug use  
..... (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH .....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) T. J. Green M. D.  
3/15 (Address) 315 So. Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery. DATE OF BURIAL Mar. 30 19 29

20. UNDERTAKER J. V. Gebken & Co. ADDRESS 2842 Meramec.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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