

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

Do not use this space.

30587

**1. PLACE OF DEATH**

County..... Registration District No. 581  
 Township..... Primary Registration District No. 1002  
 City St. Louis (No. 8306, Canney Branch) St. 1 Ward 1

File No. ....  
 Registered No. 8249

**2. FULL NAME**

(a) Residence, No. .... St. 1 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 3, 1911  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Richard Charpiot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

15. MAIDEN NAME Pearl Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hutchinson, Kansas

17. INFORMANT (ADDRESS) Richard Charpiot 8306 Canney Branch

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 15, 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co. 2711 Grand Blvd. St. Louis, Mo

20. FILED SEP 13 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1932

22. I HEREBY CERTIFY That I attended deceased from July 1, 1931 to Sept. 12, 1932

I last saw her alive on Sept. 9, 1932 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset unknown

930  
7113 930

Other contributory causes of importance: anemia - Secondary unknown

Name of operation none Date of none  
 What test confirmed diagnosis? course Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. Schneider M. D.  
 (Address) 2711 Grand St. Louis, Mo

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.

2711 *Quercus*  
1 P.M.