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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 122 Lesperance Street St. ..... Ward)

File No. 21667

Registered No. 5466

2. FULL NAME Angele Charles

(a) Residence, No. 122 Lesperance Street St., 73 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 29, 1879

7. AGE: YEARS 54 | MONTHS 4 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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): Switzerland

FATHER

13. NAME: Florintine Dupont

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Caroline Roth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Alphonse Charles, 122 Lesperance Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE June 24th, 1933

19. UNDERTAKER (ADDRESS): Wuck Bros, 2201 S. Grand Boulevard

20. FILED JUN 23 1933 19 G. F. Baedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1933, to June 21st, 1933

I last saw her alive on June 20th, 1933. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

	Date of onset
Acute Myocarditis	6/8-33
93A	
97	
102	

939

Other contributory causes of importance:

Arterio Sclerosis & Hypertension	1/1-33

Name of operation: Clinical Symptoms Date of —

What test confirmed diagnosis? 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. H. Fries, M. D.

(Address) 1544 So. Bway

1544 A. Bodley,