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17-39  
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WED JUN 1 1943

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 25

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town FESTUS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON  
(c) City or town FESTUS  
(If outside city or town limits, write "RURAL")  
(d) Street No. SOUTH ADAMS, ST.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BLONDELL CHARLESTON

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex FEMALE 5. Color or race 3 COLORED 6. (a) Single, widowed, married, divorced 1 MARRIED  
6. (b) Name of husband or wife RAYMOND CHARLESTON 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased APRIL 2nd 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 0 11 hr. min.

9. Birthplace FESTUS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HIGH SCHOOL GIRL

11. Industry or business SCHOOL GIRL

MOTHER FATHER { 12. Name WILLIAM CULTON  
13. Birthplace CADET MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MYRTLE BINGHAM  
15. Birthplace MINERAL POINT, MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant William Culton

(b) Address Festus, Mo.

17. (a) BURIAL (b) Date thereof 4/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Crystal City, Mo.

(b) Address Crystal City, Mo.

19. (a) April 14, 1943 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13, year 1943 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from April 13 to April 13, 1943; that I last saw her alive on April 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Tuberculosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Bertie Bolger (M. D. or other) \_\_\_\_\_  
Address Festus, Mo. Date signed 4-14-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Gentry R. Pelitte*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, S*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Festus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Blondell Charleston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased April (Month) 27 (Day) 1902 (Year)

8. AGE: Years 19 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 13 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; \_\_\_\_\_, 19\_\_\_\_;

that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death Bronchopneumonia Duration \_\_\_\_\_

Due to tuberculosis of the lungs

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Bertus Belgar (M. D. or other) \_\_\_\_\_

Address Festus, Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

13 p 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

B Bolger  
Fenton, MD

5-18169