

**FILED** JUL 11 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 317

Primary Registration District No. 3063

State File No. 21868

Registrar's No. 1383

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10  
In this community 15 yrs.  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2225 Wood Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** WILLIAM CHARLTON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife LENA SOOSTMAN 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased 9 - 14 - 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 13  
If less than one day hr. min.

9. Birthplace Pittsburgh Pa.  
(City, town or county) (State or foreign country)

10. Usual occupation NONE

**11. Industry or business**

MOTHER FATHER { 12. Name William Charlton Sr.  
13. Birthplace Unknown Pa.  
14. Maiden name Martha Islesco  
15. Birthplace Unknown Pa.  
(City, town or county) (State or foreign country)

16. (a) Informant Lena Charlton - wife

(b) Address 2225 Wood Ave. - Overland, Mo.

17. (a) Burial (b) Date thereof 6-29-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Geo. L. Pleitach Sr.

(b) Address 5946 E. 68th E. 68th Ave

19. (a) 6-29-46 (b) E. D. McParry MD.  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27  
year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 17, 1946 to June 27, 1946  
that I last saw him alive on June 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Duration 10 days  
accident? Terminal broncho- 3 days  
pneumonia

Due to 83-a-1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Broncho-pneumonia

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**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) (e) Means of injury

23. Signature H. Zeltz MD (M. D. or other)

Address 601 Burtwood Date signed 6/27/46

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

JUL 11 1946

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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 Clement McNeary

Licensed Embalmer No. 3232

P. O. Address St. Louis

**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.**