

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No.

43486

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 11493

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>		
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>1103 So. Rock Hill Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>		b. (Middle) <u>Adele</u>	c. (Last) <u>Mrs Charleville</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5, 1893</u>	9. AGE (In years last birthday) <u>61</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>WILLIAM ROPER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA ECKERT</u>	14. NAME OF HUSBAND OR WIFE <u>Ted Charleville</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TED CHARLEVILLE 1103 So. Rock Hill Rd</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u> ANTECEDENT CAUSES <u>Pneumonia left</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 10, 1954</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>493X</u>		
22. I hereby certify that I attended the deceased from <u>Dec. 7, 1954</u> to <u>Dec. 15, 1954</u> , that I last saw the deceased alive on <u>Dec 15, 1954</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. B. Shannon M.D.</u> (Degree or title)			23b. ADDRESS <u>607 W. Grand</u>		23c. DATE SIGNED <u>12-16-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Dec 18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 17 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chapman 3125 Lafayette</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Thomas R. Penwick

Licensed Embalmer No. *379*

P. O. Address *3125 Leland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.