

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

State File No. **10049**
Registrar's No. **1770**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH - **2021 - No. Broadway**
a. COUNTY **Room - #212, - Madison Hotel**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2021 N. Broadway 7069**

e. STREET ADDRESS (If rural, give location) **5358 Theodosia**

3. NAME OF DECEASED a. (First) **Robert** b. (Middle) _____ c. (Last) **Charlton**

4. DATE OF DEATH **Feb. 19, 1957**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**

8. DATE OF BIRTH **3-4-1861**

9. AGE (In years last birthday) **95**

IF UNDER 1 YEAR Months **11** Days **15** IF UNDER 24 HRS. Hours **15** Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Broom Maker**

10b. KIND OF BUSINESS OR INDUSTRY **Keonig Broom Co.**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo. 0**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Albert Charlton**

13b. MOTHER'S MAIDEN NAME **Jane Scott**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Lillian Herchenbach** ADDRESS **5358 Theodosia**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Senility**
ANTECEDENT CAUSES **Arterio Sclerotic Heart Disease**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **420.0**

20. AUTOPSY? YES NO

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) _____ m. _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:09P** m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** (Degree of title) **Deputy**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **2-21-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2/22/57**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **FEB 21 '57**

REGISTRAR'S SIGNATURE **Chas. F. Stuart**

25. FUNERAL DIRECTOR'S SIGNATURE **Chas. F. Stuart** ADDRESS **1225 Union**

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

YOU MAY
THE STATE OF MISSOURI

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 *Melvin F. Kemper*.....

Licensed Embalmer No. *4057*

P. O. Address *3505 Rix*
St. Louis 20, Mo

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.