

**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. **781**
 Township..... Primary Registration District No. **1903**
 City **St. Louis** (No. **5742** **Upton Ave.**) St. Ward)

20031
 File No.
 Registered No. **6062**

2. FULL NAME

Velma E. Chaudler
 (a) Residence. No. **5742 Upton Ave.** St. **5** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Chaudler</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct. 12 - 1877</i>					
7. AGE	YEARS <i>53</i>	MONTHS <i>7</i>	DAYS <i>16</i>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <i>at Home</i>					
(b) General nature of industry, business, or establishment in which employed (or employer).....					
(c) Name of employer.....					
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Mo.</i>					
PARENTS	10. NAME OF FATHER <i>August Ford</i>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Louisiana</i> (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER <i>Unknown</i>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Illinois</i> (STATE OR COUNTRY)				
14. INFORMANT <i>Henry Chaudler</i> (Address) <i>5742 Upton Ave.</i>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 28 1931*

17. I HEREBY CERTIFY, That I attended deceased from
May 19, 19*31*, to *May 28*, 19*31*
 that I last saw h. *h.* alive on *May 26*, 19*31*, and that death occurred, on the date stated above, at *3:30 a.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)
Enteritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Matthews Cemetery DATE OF BURIAL *May 30 1931*

20. UNDERTAKER
Cullman Bros 1714 1/2 Grand Ave
 ADDRESS

15. FILED *24 1931*
May E. Starkey
 REGISTERAR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Habermass
3817 Cleveland
3 Pm