

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2969

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 3003
 City St Louis (No. 1330) Bayard Ave St. _____ Ward _____

File No. _____
 Registered No. 693
 St. _____ Ward _____

2. FULL NAME

Rutie Chartrand
 (a) Residence, No. 5310 Maple 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Chartrand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1870</u>		
7. AGE YEARS <u>about 61</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>225</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirkwood MO</u>		
13. NAME <u>John Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>John F. Chartrand</u> <u>5310 Maple Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem</u> DATE <u>1-22</u> <u>32</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Triphouse Mortuary</u> <u>4122 St. Louis</u>		
20. FILED <u>21</u> 19 <u>32</u> 19 <u>Mal C. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1931, to Jan 19 1932
 I last saw her alive on Jan 16 1932. Death is said to have occurred on the date stated above, at 6:50 P. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 2 yrs

Other contributory causes of importance:
936 (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Simon M. D.
 (Address) 4000 Chouteau St. Louis

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

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.

MARGIN RESERVED FOR BINDING

V.P.S. NO. 2.

