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

Do not use this space.
34126

**1. PLACE OF DEATH**

County..... Registration District No. 17(?)

Township..... Primary Registration District No. 2(?)

City St. Louis, (No. Home for the Aged. St. ..... Ward)

File No.....
Registered No. 9479

**2. FULL NAME** Joseph Cherot.

(a) Residence, No. 3400 So. Grand Blvd. St., 16 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single. |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know. 1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| About | 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs. 237

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 1
(STATE OR COUNTRY)

FATHER

13. NAME Leopold Cherot.

14. BIRTHPLACE (CITY OR TOWN) Dont Know. 31
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Clemence Bourdon.

16. BIRTHPLACE (CITY OR TOWN) Dont Know.
(STATE OR COUNTRY)

17. INFORMANT Sister Irénée
(ADDRESS) 3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
SS PLACE Peter & Paul Cem DATE Oct. 27, 1932.

19. UNDERTAKER J. H. Gebken L & E Co.
(ADDRESS) 2842 Meramec St.

20. FILED OCT 26 1932 19 Wm. C. Harden
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1932, to Oct 25, 1932, I last saw him alive on Oct 25, 1932. Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral insufficiency | 9/25/32 |
| 92A | |
| 97 | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | 9/25/32 |

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....

(Signed) Thos. W. Brown, M. D.
(Address) 3140 S. Broadway

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 INDELIBLE INK—THIS IS A PERMANENT RECORD