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

Do not use this space.

File No. 21142
Registered No. 4912

1. PLACE OF DEATH

County St Louis Registration District No. 7811
Township Primary Registration District No. 7811
City St Louis (No. 4566 Varrelmann St. Ward)

2. FULL NAME Charlotte Chatard

(a) Residence, No. 4566 Varrelmann St., 15 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1855

7. AGE: Years 77 | Months 7 | Days 28 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Louis Mo

FATHER

13. NAME Michael Schlesinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Norah Leopoldine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jago Slovakia

17. INFORMANT Mary A. Fraeef
(ADDRESS) 4566 Varrelmann ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE June 6, 1933

19. UNDERTAKER Kriegshauser
(ADDRESS) 4228 So Kingshighway

20. FILED JUN 05 1933 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932, to June 4, 1933
I last saw her alive on June 4, 1932. Death is said to have occurred on the date stated above, at 9:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
53B	

Other contributory causes of importance:

Name of operation Radium in Bladder Date of 4/30/33
What test confirmed diagnosis? Sx. 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) Frank J. Lange, M. D.
(Address) 3924 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 UNFADING INK. THIS IS A PERMANENT RECORD.