

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

40770

JAN 20 1936

1. PLACE OF DEATH

County *St. Charles*  
Township  
City *St. Charles, Mo* (No. ....)

Registration District No. *757*  
Primary Registration District No. *3036*

File No. ....  
Registered No. *196*  
St. .... Ward

2. FULL NAME

*(Mother) Jeanne Victorine Marie Josephine Gaudin*

(a) Residence, No. *Convent of the Sacred Heart* Ward. ....

Length of residence in city or town where death occurred *20 yrs. 3 mos. 26 ds.* How long in U. S., if of foreign birth? *29 yrs. 4 mos. 11 ds.*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 20, 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*14 75 9 11*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *School*

10. Date deceased last worked at this occupation (month and year) *Nov-1935* 11. Total time (years) spent in this occupation *51 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nantes, France*

13. NAME *Hippolyte Gaudin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

15. MAIDEN NAME *Marie Lamarguere*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

17. INFORMANT *From Records of Sacred Heart Academy dated 2-19-36* (ADDRESS) *St. Charles Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sacred Heart Cemetery* DATE *1-2* 1936

19. UNDERTAKER *H. C. Dallman & Sons Co* (ADDRESS) *806 N. 3rd St. St. Charles Mo*

20. FILED *1/2* 1936 *Clarence B. Hassler* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *December 21, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1935 to Dec 31, 1935*  
I last saw *her* alive on *Dec 20, 1935*. Death is said

to have occurred on the date stated above, at *10 A.m.*

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

*Myocardial*  
*151*  
Other contributory causes of importance:  
*Cardio-renal syndrome with aortic sclerosis (C.V.R.)*

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) *J. J. Jaunter* , M. D.  
(Address) *St. Charles Mo.*

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on  
 the subject of the land described in the foregoing  
 captioned instrument, to-wit:

The land described in the foregoing captioned instrument  
 is situated in the County of [County Name], State of  
 [State Name], and is more particularly described as  
 follows:

[Detailed description of the land, including acreage, location, and any other relevant details.]

The land described in the foregoing captioned instrument  
 is owned by [Owner Name], who is the holder of the  
 title to the same.

The land described in the foregoing captioned instrument  
 is subject to the following conditions:

[List of conditions or restrictions on the land.]

The land described in the foregoing captioned instrument  
 is subject to the following conditions:

[List of conditions or restrictions on the land.]

The land described in the foregoing captioned instrument  
 is subject to the following conditions:

[List of conditions or restrictions on the land.]

DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT  
 WASHINGTON, D. C.