

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH.

County *St. Genevieve*
Township *Jackson*
City (No.) St. Ward

Registration District No. *780*
Primary Registration District No. *6028*

File No. *38710*
Registered No. *52*

2. FULL NAME

Marie Chauquette

(a) Residence, No. St. 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 16 1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 60 0 22

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) *St. Louis*
(STATE OR COUNTRY) *Missouri*

13. NAME *Joseph Basler*

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

15. MAIDEN NAME *Marie Lutz*

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

17. INFORMANT *Mrs. Walter Hess*
(ADDRESS) *Manly Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bloomdale Mo* DATE *Oct 10 1937*

19. UNDERTAKER *Dr. S. Basler*
(ADDRESS) *St. Genevieve Mo*

20. FILED *Oct 10 1937* *T. W. Douglas*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 8th* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 8* 19*37*, to *Oct. 8* 19*37*

I last saw her alive on *Oct. 8* 19*37*. Death is said

to have occurred on the date stated above, at *11 A. m.*

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

Cerebral Hemorrhage

Date of onset
Oct. 8
19*37*

Other contributory causes of importance:

*Arterial Hypertension*19*30*

Name of operation..... Date of.....

What test confirmed diagnosis? *Clinical* 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) *Arthur E. Seaman*, M. D.(Address) *St. Genevieve Mo*

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.

