

REC'D MOO 4 1938

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

4700

Do not use this space.

1345

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **6034 Cabanne Ave** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia Thomson Chenault **543**

(a) Residence, No. **6034 Cabanne Ave** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Abner O. Chenault				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9th 1852				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	85	4	27	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) Clark County (STATE OR COUNTRY) Kentucky			
	13. NAME Stanford Thomson			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) Clark County (STATE OR COUNTRY) Kentucky			
	15. MAIDEN NAME Susan Smith			
16. BIRTHPLACE (CITY OR TOWN) Montgomery County (STATE OR COUNTRY) Kentucky				
17. INFORMANT Mrs Lawrence C. Kingsland (ADDRESS) 6034 Cabanne Ave				
18. PLACE OF REMOVAL Stanford, Kentucky Feb 6th 38				
19. FUNERAL DIRECTOR Wagoner Undertaking Co. (ADDRESS) 3621 Olive Street.				
20. FILED FEB 6 1938 J. F. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 16, 1938, to Feb. 5, 1938**
 I last saw him alive on **Feb 5, 1938** Death is said to have occurred on the date stated above, at **7 P.** m.
 The principal cause of death and related causes of importance were as follows:
myocarditis; chronic
93C
 Other contributory causes of importance:
Arterio-sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis? **Arterio** 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 **Arterio-sclerosis**
 (Signed) **Arterio-sclerosis** M. D.
 (Address) **1194 Woodmont Ave**

(Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Bruce O. White
1194 Hadimont Ave.

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)