

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30210

State File No.

Registrar's No.

7487

Registration District No.

79107

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1062 Bittner Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 1062 Bittner Str
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1940 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from Aug 26
1940, to Sept 4, 1940.
that I last saw her alive on Sept 3 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Thrombosed Arterial Sclerosis Eyes

Due to _____

Other conditions 820
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John P. Howard (M. D. examiner)
Address 2209 S Broadway Date signed 9/24/40

3. (a) PRINT FULL NAME Amelia M. Chenot.

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John C. Chenot 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 23 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Drees

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Bernadine Kleinigler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Chenot

(b) Address 1062 Bittner Str

17. (a) Burial (b) Date thereof 9/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) SEP 5 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Earl A. Johnson

Licensed Embalmer No. 3041

P. O. Address 2117 E. 5th

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.)

If this body is not embalmed, above space should be left blank.