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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34271**

Registration District No. **7917**

Primary Registration District No. **1003**

Registrar's No. **8968**

PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **In hospital or institution 1 hour**  
(Specify whether  
In this community **Don't know** years, months or days)

3. (a) PRINT FULL NAME **Mrs. Blanche Chavaux**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Marlon Chavaux** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**about 65 years** hr. min.

9. Birthplace **Ills**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **James Stahl**

(b) Address **9600 Chalferry Road**

17. (a) **Burial** Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **H. L. Linder U. Co**

(b) Address **2223 St. Louis Ave.**

19. (a) **OCT 31 1940** (b) **Ad. B. B. B.**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis** 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1233 N. 11th. St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30th**  
year **1940** hour **9:45** minute **A.** M.

21. I hereby certify that I attended the deceased from  
19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of left hip. Arteriosclerosis; suffered when deceased fell down three steps at her home, 1233 No. 11th St., on Oct. 2nd, 1940, about 1:15 P.M.**

Due to

Other conditions  
(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) **Accident**  
(b) Date of occurrence **Oct. 2nd, 1940**  
(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**In Home**  
(Specify type of place)  
While at work? Means of injury

23. Signature **Ed. Perry** (M. D. or other)  
Address **1233 N. 11th St.** Date signed **10/31/40**

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

**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

*John P. Buckholz*  
Licensed Embalmer No. ~~444~~ 1678  
P. O. Address 2223 St. Louis

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

**If this body is not embalmed, fact should be so stated above.**