

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Sacred Heart Convent**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 Years**  
(Specify whether years, months or days)

**FILED DEC 21 1940**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **334 N. Taylor Ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Mother Mary Charlotte Chata**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 6, 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>3</b>	<b>17</b>	hr. min.

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

10. Usual occupation **Religious**

11. Industry or business \_\_\_\_\_

12. Name **Captain Frederick Chatard**

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

14. Maiden name **Elsie McNally**

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

16. (a) Informant **Mother O. Lapuyre**  
(b) Address **334 N. Taylor Ave.**

17. (a) **Burial** (b) Date thereof **11-25-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindely Blvd.**

19. (a) **NOV 25 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23rd.**, year **1940** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 1923** to **Nov. 23 1940**; that I last saw him alive on **Nov. 23 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arterio sclerosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **W. H. Peggitt** (M. D. or other) **MD**  
Address **3720 Washington Blvd** Date signed **11/25/40**

Duration **10 yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

3720 Washington Blvd. A. 7074

Barnes Hospital 930  
front desk. have girl case  
Rin.

**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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Rindell Bl*

**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, fact should be so stated above.**