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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 649

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 649

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: Little Sisters of Poor 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-Y 5-M. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Ella Chrysler

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 M.

6. (b) Name of husband or wife Norman Chrysler

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 25th., 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	0	15	hr. min.

9. Birthplace (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Samuel Gilbert

13. Birthplace (City, town, or county) Ind. (State or foreign country) 1

14. Maiden name Anna McNamara

15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mr. Norman Chrysler

(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 21 1941 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th. year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941 to Jan. 20, 1941 that I last saw him alive on Jan. 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy) — Duration 10 days

Due to

Due to

Other conditions Arteriosclerosis
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Anthony A. Brekovsky (M. D. or other) M.D.

Address 5252 Cass Ave Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

1525a Cass Ave.

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.