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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8575**  
Registrar's No. **1985**

Registration District No. **7911** 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: **Missouri Pacific**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 weeks**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **JOHN LAWRENCE CHARD**  
3. (b) If veteran, name war **none** 3. (c) Social Security No. **718-10-4647**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Catherine Beal** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **March 1, 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49** **0** **1** hr. min.

9. Birthplace **Huey Ill**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Car Inspector (Railroad)**

11. Industry or business \_\_\_\_\_  
12. Name **John Chard**  
13. Birthplace **not known**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lilcinda Essington**  
15. Birthplace **not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Catherine Chard**  
(b) Address **East St. Louis Ill**  
17. (a) **Burial** (b) Date thereof **Mar 5 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **East St. Louis, Ill**

18. (a) Signature of funeral director **Chas. Burke**  
**East St. Louis Ill**  
(b) Address \_\_\_\_\_  
19. (a) **MAR 3 1941** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Illinois** (b) County **St. Clair**  
(c) City or town **East St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **841 N. 52nd. St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar** day **2**  
year **1941** hour **7** minute **45 A.** M.  
21. I hereby certify that I attended the deceased from **Jan. 16**  
**1941**, to **Mar. 2** 19**41**;  
that I last saw him alive on **Mar. 2** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **5 MO.**  
Due to **Chronic interstitial Nephritis** **7 MO.**  
Due to **Chronic Myocarditis** **7 MO.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None**  
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 **Ralph Thompson** (M. D. or other) **M.D.**  
Address **MO Pac Hospital** Date signed **3/2/41**

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 Chris. Rube

Licensed Embalmer No. 2421

P. O. Address..... East St. Louis, Ill.

**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.**