

S. No. 2
4-13-40
7-5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13043

State File No.

3473

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5861 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 45 years
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 limits, write "RURAL")
5861 Washington Boul.
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

000
17
95

3. (a) PRINT FULL NAME Mrs. Charlotte S. Chopin

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1941 hour 9:15 minute..... P. M.

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

21. I hereby certify that I attended the deceased from 1/10/1938.....
....., 19....., to 4/22/....., 19 41
that I last saw her alive on 4/22/....., 19 41
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
Cerebral Hemorrhage
Due to Hypertension

6. (b) Name of husband or wife Felix Chopin 6. (c) Age of husband or wife if alive..... years

Duration
2 hrs.
Due to..... 3 yrs.

7. Birth date of deceased.....
(Month) Dec (Day) 8 (Year) 1886

8. AGE: Years Months Days If less than one day
54 4 14 hr. min.

Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation At Home

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

11. Industry or business.....
12. Name Thomas Smart
13. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moran
15. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Felix Chopin
(b) Address 5861 Washington Boul.

17. (a) Burial (b) Date thereof Apr. 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director James J. Cullinane
(b) Address 1710 N. Grand

19. (a) APR 23 1941 (b) J. D. Bredich
(Date received local registrar) (Registrar's signature)

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 Chopin (M. D. or other) g
Address 8321 N. Broadway Date signed 4/23/41

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: *Fred Truck*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo.*

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.