

FILED MAY 18 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1039

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
96
6
0

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1418 Ogden Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1418 Ogden Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME A manada Charboneau

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

7. Birth date of deceased Feb. 2, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>73</u>	<u>3</u>	<u>7</u>	hr. min.
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9. Birthplace Old Mines, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Willis Beavers

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

14. Maiden name Mary Boyer

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

16. (a) Informant Reuben Charboneau

(b) Address 1418 Ogden Ave.,

17. (a) Burial (b) Date thereof May 11/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jos. W. Clark.

(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 10 - 1942 (b) C. L. Mc Gowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 10.10 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 73rd to May 9th, 1942, that I last saw her alive on May 9th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arterial Sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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 Lloyd L. Heid (M. D. or other) _____
Address 2739 N. Grand Date signed 9/4/42

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

D^r. Lloyd L. Held
2741 N. Grand Blvd.
Fr. 5533 4-6 P.M.

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.....

A. J. Neely
Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiament Ave.

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, above space should be left blank.