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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25745

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6886

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: St. John's Hospital. 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 610
(If outside city or town limits, write "RURAL")

(d) Street No. 3024 Fair Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth M. Chapie

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 Eugene J. Chapie

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September (Month) 15 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	10	28	hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Frank Aubuchon
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Theresa Mareschal
15. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eugene J. Chapie
(b) Address 3024 Fair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August (Month) 18 (Day) 42 (Year)
(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) AUG 16 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 7/16 42, 19 to 8/13, 1942 that I last saw her alive on 8/13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic bronchial asthma Cardio-Renal-Vascular Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations 131
Of autopsy

Duration

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 Wm. O. Mowry (M. D. ~~or other~~)

Address 3633 Fair Ave Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford H. Burnley

Licensed Embalmer No. 4202

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.