S. No. 2
M—5-42
5-17-39
X32873

4029

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 1463

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

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:
Carrie Elligson Gietner Home. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 / 17 / 59

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

(d) Street No. 5622 Delmar Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margie Cherot

3. (b) If veteran, name war ---

3. (c) Social Security 492-05-2376

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Francis Cherot

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

7. Birth date of deceased ~~Nov.~~ Sept ~~1st~~ 17 ~~1877~~ 1878
(Month) (Day) (Year)

8. AGE: Years 64 ~~65~~ Months ~~3~~ 4 Days ~~11~~ 25 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER FATHER

16. (a) Informant Homer Cherot

(b) Address 5622 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John S. Ziegenhein + Sons

(b) Address 7027 Gravois Ave.

19. (a) FEB 15 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1943 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Feby 5, 1943 to Feby 12, 1943 that I last saw her alive on Feby 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anaemia — Duration 1 1/2 yrs

Due to

Due to 73

Other conditions Achlorhydria
(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 J. O. Kerchmaeder (M. D. ~~or other~~)

Address 5000 S B'way Date signed 2/13/43

(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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4029

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1462

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

SUPPLEMENTARY

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:
Carrie E. Gietner Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County .....

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

(d) Street No. 5622 Delmar Ave
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Margie Cherot

3. (b) If veteran, name war .....

3. (c) Social Security No. 492-05-2876

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

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

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

7. Birth date of deceased Nov (Month) 1 (Day) 1877 (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious anemia	
Due to	
Due to	
Other conditions (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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)
While at work? ..... (c) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 1463

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of June, 194 3, before me appears Mr. Homer Cherot, who, upon his oath, states that the original record of ~~birth~~ death for his mother, ~~born~~ died Feb. 12, 1943, 19, in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 15, 19 43 should be corrected as follows:

Item No. 7 should read September 17, 1878
Instead of November 1, 1877

Item No. 8 should read 64yrs.4mos.25days
Instead of 65yrs.3mos.11days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Correct
6-4-43

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Homer Cherot Son
Relationship.

5622 Delmar
Present Address.

Subscribed and sworn to before me this 4 day of June, 194 3

My Commission expires My Commission Expires March 4, [illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
10M-8-42
I X33820