No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25115

State File No.

FILED AUG 9 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6708

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:
4105 Nebraska /
(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 15 17

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

(d) Street No. 4105 Nebraska 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert P. Chenot.

3. (b) If veteran, name war

3. (c) Social Security No. 495-26-9161

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sophie

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August (Month) 14 (Day) 1865 (Year)

8. AGE: Years 80 Months 11 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Night watchman.

11. Industry or business

FATHER
12. Name Francis Chenot.
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Julia Semont
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. Sophie Chenot
(b) Address 4105 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46. (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravios Ave.

19. (a) JUL 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5/22/46, 19 to 7/30, 1946
that I last saw him alive on 7/29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Due to

Due to

Other conditions Ch. Arthritis & Cystitis
(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 Albert Grist (M. D. or other)
Address 3109 S. Grand Date signed 7/31/46

(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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois Av

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.