No. 2
-12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35000

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9216

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: 4024 McRee Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 83 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4024 McRee Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine M.Chew
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Richard Chew
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26th., 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	7	0	hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Nicholas Meyer
13. Birthplace (City, town, or county) Alsace Loraine (State or foreign country)
MOTHER
14. Maiden name Veronica Louis
15. Birthplace (City, town, or county) France (State or foreign country)
16. (a) Informant John N.Chew
(b) Address 5651 Goethe Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 28 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th., year 1946 hour 2 minute 43 am M.
21. I hereby certify that I attended the deceased from Oct 10, 1946 to Oct 26, 1946 that I last saw her alive on Oct 26, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Chronic Interstitial nephritis	
Due to Sensitivity	
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)
(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 0
23. Signature Martin J. Flaum (M. D. ~~or other~~)
Address 506 Olive St. Date signed 10-28-46

(Licensed Embalmer's Statement on Reverse Side)

1-3

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. W H Van Matre.

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.