

No. 2
A-5-43
5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42240

FILED JAN 7 1947
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11130

1. PLACE OF DEATH:

(a) County St. Louis
(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. Anthony Hospital
(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)

3. (a) PRINT FULL NAME Louise Chenot

3. (b) If veteran, name war --- (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November 25 1891 (Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Mees
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Frederick
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Chenot

(b) Address 616 Bates Ave.

17. (a) Burial (b) Date thereof 12/27/46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter-Paul

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) DEC 27 1946 J. F. Brebeck (Date received by local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 616 Bates 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1946 hour 11.45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1946 to Dec 23 1946 that I last saw her alive on Dec 23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hrs

Due to

Due to 85 W

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cerebral Hemorrhage 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature S. A. Heister (M. D. or other)

Address 5600 S. Compton Date signed 2/24/47 Chenot

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

41050

08114

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.....

.....George N. Archambault....., Registered Apprentice No.....XXXXXXXXX.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....2906.....

P. O. Address.....7128 Michigan 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, fact should be so stated above.