. S. No. 2
DM—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37968

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 19199

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8116 Alabama Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8116 Alabama Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amelia Chartrand
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adolph Chartrand
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 18, 1860 (Month) (Day) (Year)
8. AGE: Years 88 Months 4 Days 4 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Fabian DeGeorge
13. Birthplace France (City, town, or county) (State or foreign country)
14. Maiden name Justine Pequignot
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Seraphine Ker
(b) Address 8116 Alabama Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) NOV 24 1948 (Date received local registrar) (b) J B Lasater (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22nd year 1948 hour 2 minute 45 p.m.
21. I hereby certify that I attended the deceased from August, 1933 to Nov 22, 1948 and that death occurred on the date and hour stated above.
that I last saw her alive on Nov 22, 1948
Immediate cause of death Arteriosclerotic Heart Disease — Duration 2 years
Due to Chronic Myocarditis — 5 years
Due to General Arteriosclerosis — 5 years
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN — Underline the cause of 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 D. A. O'Sullivan (M. D. or other) MD
Address 421 N. Schermer Date signed 11-23-48

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

Jefferson City Printing Co. (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. J. Wm. Dunbley

Licensed Embalmer No. 3633

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.