

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13900

3769

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1009</b>	Registrar's No. <b>3769</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>4326</b>		
c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>8242 Paramount</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>Michel</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Chollet</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>April 20, 1951</b>		5. SEX <b>M.</b> 6. COLOR OR RACE <b>W.</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 28, 1894</b>		
9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		
11. BIRTHPLACE (State or foreign country) <b>Tours, France</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Joseph Chollet</b>		13b. MOTHER'S MAIDEN NAME <b>Olivia Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henrietta Chollet</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert X. Chollet 7101 Circle</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism <sup>acute</sup> <del>oblit</del></b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic Regurgitation <sup>chronic</sup> <del>mitral</del></b> DUE TO (c) <b>Stenosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>5 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H/OX</b>
22. I hereby certify that I attended the deceased from <b>4-9-</b> , 19 <b>51</b> , to <b>4/20/</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4/20</b> , 19 <b>51</b> , and that death occurred at <b>5.15 P.M.</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>H.W. Noller M.D.</b>		23b. ADDRESS <b>3720 W. Calhoun St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>4/21/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-24-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd</b>		
DATE REC'D BY LOCAL REG. <b>APR 23 1951</b>		REGISTRAR'S SIGNATURE <b>J.B. Laster</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

**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.