

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38821**
Registrar's No. **10509**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Los Angeles 8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 3215 Estara	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) W F c. (Last) CHARTRAND			4. DATE OF DEATH (Month) (Day) (Year) 11 24 51				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	8. DATE OF BIRTH September 11, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Days 2	IF UNDER 2 WKS. Hours 13	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Levee worker		10b. KIND OF BUSINESS OR INDUSTRY Drageline operator		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Chartrand	13b. MOTHER'S MAIDEN NAME Johanna Cahill	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME May Leriche	ADDRESS 2624 Walton Rd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MONOCYTTIC LEUKEMIA		
	ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 204.2

22. I hereby certify that I attended the deceased from 11/17, 1951, to 11/24, 1951, that I last saw the deceased alive on 11/24, 1951, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 11/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL NOV 26 1951	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home	ADDRESS 9222 Lackland
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Oct 2 1958

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 Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.