

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13337**
Registrar's No. **11076**

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 Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 917 Wilmington Ave.,		d. STREET ADDRESS (If rural, give location) 917 Wilmington Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Louella b. (Middle) S. c. (Last) Chartrand.			4. DATE OF DEATH (Month) (Day) (Year) November 29, 1952		
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH September 24, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gillian, Missouri,	
13a. FATHER'S NAME Franklin Fielding Jones,			13b. MOTHER'S MAIDEN NAME Margaret Ellen Helm,		14. NAME OF HUSBAND OR WIFE Thomas F. Chartrand,

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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie E. Kohlmann, 917 Wilmington Ave.,			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of Breast, right 5 yrs.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None - Refused operation - 1948	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X

22. I hereby certify that I attended the deceased from **10-16, 1947 to Nov 29, 1952**, that I last saw the deceased alive on **11-25, 1952**, and that death occurred at **8:50P. m.,** from the causes and on the date stated above.

23. SIGNATURE Burchard S. Smith MD (Degree or title)	23b. ADDRESS 6006 Virginia	23c. DATE SIGNED 12-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	24b. DATE 12/3/52	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,		

DATE REC'D BY LOCAL REG. DEC 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Loton E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.