

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2657**
Registrar's No. **0695**

REC'D FEB 2 1954

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 3 mo. 22 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		e. STREET ADDRESS (If rural, give location) 3936a Shaw Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Michael Noel Chartrand b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 22, 1870
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector (Retired) Health Dep. St. Louis, Mo.	11. BIRTHPLACE (City and State or Foreign Country) Jeff. Co., Mo.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Andrew Chartrand	
14. MOTHER'S MAIDEN NAME Ann Houston		15. NAME OF HUSBAND OR WIFE Anna Cantillon Chartrand	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with cardiac and osteoarthritic changes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH		21. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23. ACCIDENT SUICIDE HOMICIDE (Specify)	
24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
26. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?		29. I hereby certify that I attended the deceased from Sept. 30, 1953, to Jan. 21, 1954, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 12:55 p.m., from the causes and on the date stated above.	
30. SIGNATURE (Degree or title) Palmer Andrew Bowditch M.D.		31. ADDRESS 5800 Arsenal St.	
32. DATE SIGNED 1-21-54		33. BIRTHAL, CREMATION, REMOVAL (Specify) Removal	
34. DATE Jan. 25, 1954		35. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
36. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		37. DATE REC'D BY LOCAL REG. 1-22-54	
38. REGISTRAR'S SIGNATURE J. Carl Smith M.D.		39. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
40. ADDRESS 4228 S. Kingshighway		41. (Licensed Embalmer's Statement on Reverse Side)	

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

300
48

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.....
Signature of Student Embalmer

Embalmer's signature on back of
Signed.....
first certificate:
Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.