

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20691

BIRTH NO.		REG. DIST. NO. 312	PRIMARY REG. DIST. NO. 500	Registrar's No. 1315
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY		c. LENGTH OF STAY (In this place) 2 YRS.	c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Hospital		e. STREET ADDRESS (If rural, give location) 5861 Washington Blvd. 2059		
3. NAME OF DECEASED (Type or Print) Felix Chopin		a. (First)	b. (Middle) A	c. (Last) Chopin
4. DATE OF DEATH June 6 1955		5. SEX male		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 8 1878
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		11. BIRTHPLACE (City and State or Foreign Country) New Orleans, La.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY LAW		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME George Chopin		13b. MOTHER'S MAIDEN NAME Katherine Flaherty		14. NAME OF HUSBAND OR WIFE Charlotte Chopin (decd.)
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. 494367698		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Chopin, 5861 Washington Blvd.
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diverticulitis of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH years 3 1/2 yrs
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) 5721
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-21, 1952 to 6-6, 1955, that I last saw the deceased alive on 8-6, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Paul W. Winkler (Degree or title) W.D.		23b. ADDRESS 508 N Grand		23c. DATE SIGNED 6-7-55
24a. DATE June 10 1955		24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24c. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. 6/19/55		REGISTRAR'S SIGNATURE Herbert R. Womka, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros. 3320 N. Kingshighway

(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.....
Signature of Student Embalmer

Signed *Fred Frick*

Licensed Embalmer No.....318

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.