

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-006379

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1329 STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED VS. FFR 20 1961

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>D.O.A.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2217 a Chouteau</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>FRIEDA</u> Middle <u>CHAUDET</u> Last		Month <u>2</u> Day <u>8</u> Year <u>61</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/31/86</u>	
9. AGE (last birthday) <u>74 yrs.</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Louis Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Rosine Mohart</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Chaudet</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Karl Schoenefeld</u> Address <u>Glencoe, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive heart Failure;</u>			
DUE TO (b) <u>generalized Arterio Sclerosis.</u>			
DUE TO (c) <u>4500</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1040 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or Title) <u>[Signature]</u>		22b. ADDRESS <u>1306 Clara</u>	
22c. DATE SIGNED <u>2/9/60</u>		23. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2/9/61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>E.J. Schnur</u> ADDRESS <u>3125 Lafayette Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 9 1961</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

x

x

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 No Embalming
Licensed Embalmer No. _____

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

Thomas R. Penner
3793
3120 Lake...