S. No. 2
M—5-42
V. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4026

State File No.

FILED FEB 18 1943 318

Registration District No. 1003

Primary Registration District No.

Registrar's No. 1267

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96 13

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2505 Verona
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELLA CHARTRAND

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife C CHARTRAND

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 9 (Day) 1867 (Year)

8. AGE: Years 75 Months 8 Days 28 If less than one day hr. min.

9. Birthplace ST LOUIS CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

MOTHER FATHER

12. Name STERLING ROUSE

13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

14. Maiden name ANNE LAURIE CREELY

15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant JOSEPH CHARTRAND

(b) Address 2505 VERONA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director BAUMANN Brothers

(b) Address OVERLAND MO

19. (a) FEB 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 8 day year 1943 hour 2:20 minute a. M.

21. I hereby certify that I attended the deceased from Jan 27, 1943, to Feb 8, 1943, that I last saw her alive on Feb 8, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General peritonitis	1 day
Due to Rupture of transverse colon	1 day
Due to Carcinoma of descending colon	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Roy Weather MD (M. D. ~~or other~~)

Address Overland, Mo. Date signed Feb 8 '43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767-City. 175

P. O. Address Overland 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.