

FILED OCT 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8636

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:
4731 Penrose St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County.....
(c) City or town... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4731 Penrose St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Elmer J. Chartrand

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen M. Chartrand 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept. 13, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 27 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Guard-Scullin Steel Co.

11. Industry or business.....

MOTHER FATHER
12. Name Joseph Chartrand
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kiernan
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen M. Chartrand
(b) Address 4731 Penrose St.

17. (a) Burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) OCT 11 1944 (b) J. B. Bures
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1944 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-10-44 to 10-10-44, 1944
that I last saw him alive on 10-10-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arterio Sclerosis

Other conditions 8 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify).....
(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?

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

23. Signature Carl J. Kelly (M. D. or other).....
Address Northwell Holly Date signed 10-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Kern
Funeral Home
Body

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lincoln

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.