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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 31 1946

1003

Registrar's No. **5910**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2012a Sidney 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oav

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317

(d) Street No. 2012a Sidney St. (If rural, give location) 9

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Euphrasie Chastonay

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Alex

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

7. Birth date of deceased April 18 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Mauritius Crettoll

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

14. Maiden name Cecelia Maxis

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

16. (a) Informant Herman Chastonay

(b) Address 5026 Ridge Ave.

17. (a) Burial (b) Date thereof 7/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director John H. Walker, Sons and Co.

(b) Address 2630 Gravois Ave.

19. (a) JUL 4 1946 J. F. Brebeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1946 hour 11.25 minute P M.

21. I hereby certify that I attended the deceased from Dead on Arrival to _____, 19____;
that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis Duration 1/2 hour

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Main findings of operations _____

Of autopsy _____

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) _____

(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 Ac. Mollas (M. D. or other) MD

Address 819 Ann Clifton St. Date signed 7-2-46

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

MOTHER FATHER

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..... *Robert T. Hecker*

Licensed Embalmer No. *4144*

P. O. Address *2630 Graves*

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.