No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17465

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4393

**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 6110 Westminster Place
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6110 Westminster Place 9
(If rural, give location)

5

(e) Citizen of foreign country? (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Henrietta Mary Chollet

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Michael J. Chollet

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 29th., ~~1896~~ 1897
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 ~~51~~ | 8 | 9 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Ankenbrock

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

14. Maiden name Mary ~~Rape~~ Rabe

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

16. (a) Informant Mr. Michael J. Chollet

(b) Address 6110 Westminster Place

17. (a) Burial (b) Date thereof 5-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAY 10 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8th., year 1948 hour 6:00 ~~XXXXXXXXXXXX~~ minute ~~P.M.~~ M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis. | |
| Due to 94a | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Patrick C. Enright (M. D. or other)

Address Dy Co Date signed 5/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Corrected 5/17/48 H. C. Stolte

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 H Van Matre

Licensed Embalmer No.....2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 4393.

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Henrietta Mary Chollet, ~~born~~ died 5-8-48, 19..., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read 8-29-1897
Instead of " " 1896.

Item No. 8 should read 50-8-9
Instead of 51-8-9.

Item No. 14 should read Mary Pabe
Instead of " Pape.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature] Relationship.

6110 Westminster
Present Address.

Subscribed and sworn to before me this 29 day of June, 1948.

My Commission expires 3-4-49. Ella Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
I X37817

S- 17765