S. No. 300
Rev. 10.48

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

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2360

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 754

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 0234
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 1723 S. 9th St. Rear

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): C.
c. (Last): CHARTRAND

4. DATE OF DEATH (Month) (Day) (Year): JAN-23-50

5. SEX: M. ♂
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): M.
8. DATE OF BIRTH: Dec 25-1902
9. AGE (In years last birthday): ~~1947~~ 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VENICE ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY CHARTRAND
13b. MOTHER'S MAIDEN NAME: ANNIE ~~UNKNOWN~~ Cathy
14. NAME OF HUSBAND OR WIFE: JENNIE CHARTRAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1-26-26 – 5-29-26
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jennie Chartrand — **ADDRESS**: 1723 S. 9th St.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

It may not mean the mode of dying, such as heart failure, asthenia, etc.) It should be the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lobar Pneumonia
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 490X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E. Taylor (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 1-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 26-50
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK ~~NATIONAL~~ ~~FERE CARA~~
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: JAN 24 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schmer — **ADDRESS**: 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1950

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 .....
Student Embalmer

Signed Jos B Wollmer

Licensed Embalmer No. 3004014

P. O. Address St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

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

State File No. 2360

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 754

On this ..... day of ....., 194....., before me appears ..... , who, upon ..... oath, states that the original record of birth/death for Leo C. Chartrand died ~~born~~ 1-23-1950, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read Dec. 25 1907
Instead of Dec. 25-1902

Item No. 9 should read Age 42
Instead of 47

Item No. 13b should read Annie McCarthy
Instead of Unknown

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 Jennie Chartrand
Relationship.

1723a S. 9th
Present Address.

Subscribed and sworn to before me this 9 day of Feb, ~~194~~ 1950

My Commission expires 3-4-53

Ezra C. Paddock Notary Public.

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

rm V. S. 135
0M—8-43
I X37817