

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **6023**  
**1213**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri,</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4338 Oregon Ave.,</b>		d. STREET ADDRESS (If rural, give location) <b>4338 Oregon Ave.,</b> <i>215/0</i>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Pauline</b> b. (Middle) <b>L.</b> c. (Last) <b>Chartrand,</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 8, 1954</b>		
<b>5. SEX</b> <b>Female,</b>		<b>6. COLOR OR RACE</b> <b>White,</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married,</b>	
<b>8. DATE OF BIRTH</b> <b>April 12, 1889</b>		<b>9. AGE</b> (In years last birthday) <b>64</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home,</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri,</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>James M. Flesh,</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Johanna Fitzgerald,</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph F. Chartrand,</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Joseph F. Chartrand, 4338 Oregon Ave.,</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Apoplexy</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 day,</b> <b>2 yrs</b> <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>Arterio-Sclerotic Heart Disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>4200</b>	

**22. I hereby certify that I attended the deceased from** *Jan 1953*, to *Feb 8, 1954*, that I last saw the deceased alive on *Feb 8, 1954*, and that death occurred at *12:05A m.*, from the causes and on the date stated above.

<b>23a. SIGNATURE.</b> (Degree or title) <i>George A. O'Sullivan, M.D.</i>		<b>23b. ADDRESS</b> <i>St. Louis Mo 2-8-1954</i>		<b>23c. DATE SIGNED</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>2/10/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery,</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Address</b> <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>			

<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 8 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Address</b> <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>	
---	--	---	--	--	--

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

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 \_\_\_\_\_ m6

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe D. Benz*  
Licensed Embalmer No. *04249*

P. O. Address \_\_\_\_\_  
2842 Meramec St.,  
St. Louis, 18, 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.