

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28821

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No. _____) St. _____ Ward _____

Registration District No. 990
Primary Registration District No. 60330

File No. _____
Registered No. _____

2. FULL NAME

Henri Chomeau
(a) Residence No. 131 N. Meramec Se. Ward. Clayton Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virena Chomeau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Little examiner
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Henri Chomeau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adèle Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY)

14. INFORMANT Virena Chomeau
(Address) 131 N. Meramec Clayton Mo.

15. FILED Aug 20, 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1929, to Aug 18, 1929 that I last saw h. alive on Aug 18, 1929, and that death occurred, on the date stated above, at 6:5 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labour Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
90

CONTRIBUTORY (SECONDARY) Ch. Myocardia
(duration) _____ yrs. _____ mos. _____ ds.
Several

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Brown, M.D.
8/19, 1929 (Address) 402 West 11th St. St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cold Water Cemetery DATE OF BURIAL 8/20/1929

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

76
28 MAY 1929
4-5 SEP 1929

1007
1008
1009