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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township St. Louis
City
Registration District No. 791
Primary Registration District No. 1003
(No. Jewish Hospital St. Ward)
File No. 32089
Registered No. 9464

2. FULL NAME George Harris Chadwell
(a) Residence. No. 6124 Pershing St. 5 Ward.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 = 1872
7. AGE Years 45 Months 1 Days 15 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Supplies
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Morristown
(STATE OR COUNTRY) New Jersey
PARENTS
10. NAME OF FATHER Geo. H. Chadwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma C. Willard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)
14. INFORMANT Mrs. O'Bannon
(Address) 6124 Pershing
15. FILED OCT 24 1927 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-23 1927
17. I HEREBY CERTIFY, That I attended deceased from March, 1927, to Oct. 23, 1927 that I last saw him alive on Oct. 23, 1927, and that death occurred, on the date stated above, at 12 35 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Myocarditis chronic
75B
97 arteriosclerosis general
(duration) several yrs. mos. ds.
CONTRIBUTORY (SECONDARY) alcoholism, chronic
(duration) several yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90B
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Llewellyn Sale, M. D
10-24, 1927 (Address) 3720 Washington

*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 Morristown N. J.
DATE OF BURIAL Oct 26 1927
20. UNDERTAKER C. R. Lupton & Sons
ADDRESS 4449 Olive St

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.

3720 Washington.
130-4.

Dr. Bale

~~Dr. [illegible]~~
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