

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

Do not use this space.

**6811**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. **City Hospital**

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **1647**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1811 Wash** St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 3 - 1869**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>60</b>	<b>2</b>	<b>11</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housewife**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **Charles Chauley**

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

12. MAIDEN NAME OF MOTHER **unknown**

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

14. INFORMANT **E. J. Schum**  
(Address) **City Hospital**

15. FILED **119 1930** **Missouri** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 14 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 6**, 19**30**, to **Feb 14**, 19**30** that I last saw her alive on **Feb 15**, 19**30** and that death occurred, on the date stated above, at **5:30** p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Similarity 93%**  
**Chronic Myocarditis**  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **90%**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **E. J. Schum**, M. D.

**115 1930** (Address) **City Hospital**

\*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 DATE OF BURIAL

**MT Hope Cemetery East St Louis Feb 17 1930**

20. UNDERTAKER ADDRESS

**E. J. Schum 3125 Lafayette**

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.

235

2

31

Hells.