

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

Do not use this space.  
20983  
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File No. \_\_\_\_\_  
Registered No. **5801.**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **008**  
City **St. Louis** (No. **City 1st Ward**)

**2. FULL NAME**

**George Ernest Haggard Chornshager**  
(a) Residence. No. **1712 de Touhy Pl. 17** Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **3** 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)** April 26 1890  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**40**      **1**      **18**  
**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). **Magazines**  
(c) Name of employer **Colbert**

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Chicago, Illinois**

**10. NAME OF FATHER** **John Ernest Haggard**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Ohio**  
**12. MAIDEN NAME OF MOTHER** **Matilda Blankenbush**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Madison, Indiana**

**14. INFORMANT** **Edmund**  
(Address) **City St. Louis**

**15. FILED** **JUN 15 1930** **May C. Tucker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**3**  
**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 14 1930  
**17. I HEREBY CERTIFY, That I attended deceased from** June 10 1930, to June 14 1930  
(that I last saw him alive on June 14, 1930 and that death occurred, on the date stated above, at 6:30 p.m.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Chronic Myocarditis with Dilatation of Left Ventricle and Hypertrophy**  
(duration) yrs. mos. ds.

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

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH: **No**  
**DID AN OPERATION PRECEDE DEATH?** DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPT?**  
**WHAT TEST CONFIRMED DIAGNOSIS?** **Clinical**  
(Signed) **Carl H. Haggard, M. D.**  
1930 (Address) **City St. Louis**

\*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** **Valhalla Crematory** **DATE OF BURIAL** June 16 1930

**20. UNDERTAKER** **Alexander & Sons** **ADDRESS** **6175 Delmar**

K. 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.

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

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