

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

Do not use this space.

21211

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **1607^a**) **Hickory** St. **22** Ward.

File No.
Registered No. **5764**
St. Ward

2. FULL NAME **Arthur C. Chaffin**

(a) Residence, No. **1607^a** **Hickory** St., **22** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Mrs. Erna C. Chaffin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April - 6 - 1901**

7. AGE YEARS **31** MONTHS **2** DAYS **12** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machine man**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Shoe Factory 86**

10. Date deceased last worked at this occupation (month and year) **May - 1925** 11. Total time (years) spent in this occupation **4 yr.**

12. BIRTHPLACE (CITY OR TOWN) **Sandoval** (STATE OR COUNTRY) **Illinois**

13. NAME **Arthur C. Chaffin Sr.**

14. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY)

15. MAIDEN NAME **Nettie Hunt**

16. BIRTHPLACE (CITY OR TOWN) **Sandoval** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs. Nettie C. Chaffin** (ADDRESS) **1607^a Hickory**

18. BURIAL PLACE **Sandoval Ill** OR REMOVAL DATE **6/20** 1937

19. UNDERTAKER **A. H. M. Laughlin** (ADDRESS) **1631^a Madison Ave**

20. FILED **JUN 11 1937** **May Starling** Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June - 18** 1937

22. I HEREBY CERTIFY, That I attended deceased from **June 10** 1937, to **June 18** 1937. I last saw him alive on **June 10** 1937. Death is said to have occurred on the date stated above, at **5:20 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis Date of onset ?

23A **23**

Other contributory causes of importance:

①

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **J. Schindewolf** M. D.
(Address) **1004 S. 18th Street**

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.

