

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

Do not use this space.

8015

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 7003
(No. City Hospital)

File No.
Registered No. 2017
St. Ward

2. FULL NAME

(a) Residence, No. 4115 Taft St. 15 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Julia Chally</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26-1886</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>10</u>
	DAYS <u>-</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 24/33</u>	11. Total time (years) spent in this occupation <u>7</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland Ohio</u>		
FATHER	13. NAME <u>Conrad Chally</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Julia Chally wife</u> (ADDRESS) <u>4115 Taft</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Burial Pl.</u> DATE <u>Mar. 1</u> 19 <u>33</u>		
19. UNDERTAKER <u>Mar. J. Hoffmeister</u> (ADDRESS) <u>4016 Delmar St.</u>		
20. FILED <u>FEB 28 1933</u> <u>W. C. Starck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933 to Feb 26 1933
I last saw him alive on Feb 26 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
(Atherosclerosis)
of the heart
Date of onset 26/33

Other contributory causes of importance:
None

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?.....
If so, specify.....
(Signed) J. W. Heringa, M. D.
(Address) 3315 Jefferson St.

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.

ORIGINAL RESERVED FOR BINDING

69
2
31

