

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

Do not use this space.

OCT 21 1936

35481

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis (No. 1640 High School Drive)

Registration District No. 789  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. 282 Ward \_\_\_\_\_

**2. FULL NAME**

Frank E. Chaney

(a) Residence, No. 1640 High School Drive Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1886

7. AGE YEARS 70 MONTHS 1 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Haller Bird Food Co.  
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Lewis Chaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Louisa Elain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Frank E. Chaney  
(ADDRESS) 1640 High School Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. Sept 15, 1936

19. UNDERTAKER Shepard Funeral Home  
(ADDRESS) 118 Hamilton Avenue.

20. FILED 9-12-36 H. Baehner  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1936, to Sept 12, 1936

I last saw him alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 8 A.M.

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

Chronic myocarditis Date of onset 6-7-27  
Cerebral Thrombosis & pulmonary edema 9-11-36

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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) Walter Blysk M. D.  
(Address) 6635 Delmar Blvd

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.

