

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.

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

Do not use this space.

DEC 4 1936

38929

1. PLACE OF DEATH

County: St. Louis Registration District No. 789
 Township: Clayton (Central) Primary Registration District No. 6033
 City: Olivette (No. Bonhomme Rd. St. Olivette Mo Ward)

2. FULL NAME

(a) Residence, No. Bonhomme Rd St. Olivette Mo
 (Usual place of abode) (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>7</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

13. NAME John W. Greene

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

15. MAIDEN NAME E. Smallwood

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

17. INFORMANT (ADDRESS) Mrs. Wm. A. Bartels, Jr. Olivette Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE 10-29-36

19. UNDERTAKER (ADDRESS) Louis J. Bopp Clayton

20. FILED 10-28-36 H. Boehmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 10/26/36, 1936, to 10/27/36, 1936

I last saw her alive on 10/27/36, 1936 Death is said to have occurred on the date stated above, at 9 am

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

Coronary sclerosis

Other contributory causes of importance _____

Senility
Chr. myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

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. D. Stuchlik M. D.

(Address) 1227 N. Central Ave

