

SEP 10 1937

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

Do not use this space.

29171

1. PLACE OF DEATH

County .....  
Township .....  
City **St. Louis, Mo.** (No. ....)

Registration District No. **791**  
Primary Registration District No. **1008**  
City Sanitarium

File No. ....  
Registered No. **7804**  
St. .... Ward)

2. FULL NAME

**John Chadeayne**

(a) Residence, No. **5800 Arsenal** St., **13** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **52** 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 (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **AUGUSTA CHADEAYNE.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 19, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**78 4 30**

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

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) **New York, N.Y.**

13. NAME **Chas. Chadeayne**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y.?**

15. MAIDEN NAME **Josephine LANE**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NY?**

17. INFORMANT **J.C. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **OLD PICKERS** DATE **AUG-20** 19**37**

19. UNDERTAKER **LAWRENCE MULLEN** (ADDRESS) **2165 DELMAR BLVD**

20. FILED **AUG 19 1937** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **December 6, 1934** to **August 18, 1937**

I last saw him alive on **August 18, 1937**. Death is said to have occurred on the date stated above, at **10:10 A.M.**

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

*Degenerative Heart Disease  
Broncho-Pneumonia*

Other contributory causes of importance: *arteriosclerosis*

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 ..... 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) *W. S. Boyle M.D.*  
(Address) .....

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.

321

