

ANATOMICAL BOARD

MISSOURI STATE BOARD OF HEALTH

Case NoC 1702

BUREAU OF VITAL STATISTICS

REG'D FEB 10 1939

CERTIFICATE OF DEATH

791
1003

Do not use this space.

121

Registered No. 121

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis (d) Street No. Homer Phillips Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 162 George Chavers

- (a) Residence, No. 2602 Pine St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1877		
7. AGE	YEARS 61	MONTHS 9
		DAYS 6
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Janitor
	9. Industry or business in which work was done, as 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) Kentucky		
FATHER	13. NAME	Harry Chavers
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	North Carolina
MOTHER	15. MAIDEN NAME	Tinnie Ward
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Tennessee
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D. DATE 12-28-1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Richter 3500 Rutger St		
20. FILER (ADDRESS) J. D. Budick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938 to Nov. 21, 1938

I last saw him alive on Nov. 21, 1938 Death is said to have occurred on the date stated above, at 7:40a.m.

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

Carcinoma of tongue with metastasis

Date of onset
5/23/38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? NO23. 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) Richard Mackey, M. D.

1 (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.