

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 2-17-39 REV. 5-1-1941

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.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 135

1. PLACE OF DEATH: (a) County St. Louis (b) City or town St. Louis (c) Name of hospital or institution St. Marys Hosp. (d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County St. Louis (c) City or town St. Louis (d) Street No. 1120 Lawn Ave (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary Chies

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex female 5. Color or race Wk 6. (a) Single, widowed, married, divorced, or separated Married

6. (b) Name of husband or wife William Chies 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 18 1894 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry of Business 12. Name Nicholas Best 13. Birthplace St. Louis Mo 14. Maiden name 15. Birthplace

16. (a) Informant's own signature (b) Address 1120 Lawn Ave

17. (a) Burial (b) Date thereof Jan 20 1940 (Month) (Day) (Year) (c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address 1273

19. (a) JAN 19 1940 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1940 hour 4 minute 19 M.

21. I hereby certify that I attended the deceased from Nov 1936 to Jan 17 1940 that I last saw her alive on Jan 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Cancer of Prostate

Due to Cancer of prostate

Due to 50 Other conditions (Include pregnancy within 3 months of death)

Major findings: None - except removal of Pt. gland 1936 Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence None

(c) Where did injury occur (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (Specify means of injury)

23. Signature James Pully (M. D. or other) Address 6125 13th Date signed 1/19/40

Duration Physician Underline the cause to which death should be charged statistically.

B.C.

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1948

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

Bernard A. J. Street

Licensed Embalmer No.

3500

P. O. Address

1225 Kani, Honolulu

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.