

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27186**
Registrar's No. **6978**

Registration District No. **1941 791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4100 N. Wharf**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **26**
year **1941** hour **7.55** minute **A.M.**

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cirrhosis of the liver.

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(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? (Specify type of place) (e) Means of injury.....

23. Signature **Thomas J. Callanan** (Deputy Coroner) Date signed **8/27/41**
Address **Deputy Coroner**

3. (a) PRINT FULL NAME **Arthur Chaney**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Don't know**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Helen Chaney** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 3, 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 **2** **24** hr. min.

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business.....

12. Name **Samual Chaney**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Haney**

15. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Chaney**

(b) Address **7709 Chorman Ave.,**

17. (a) **Burial** (b) Date thereof **Aug. 29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiemont Ave.,**

19. (a) **AUG 28 1941** (b) **J. T. [Signature]**
(Date received local registrar) (Registrar's signature)

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

272

926

FILED SEP 1 1941 791

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.....

Alan J. Neely

Licensed Embalmer No. 3225

P. O. Address..... 1125 Hodiament Ave.....

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, fact should be so stated above.