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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 154

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 917

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether

In this community 58 yrs 1 mos 12 das years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20 (000 14 9)

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2905 N. Jefferson 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Henry Chism

3. (b) If veteran, name war n o

3. (c) Social Security No. 489-20-5832

4. Sex male 0

5. Color or race white /

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carrie Chism

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 11, 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Night watchman

11. Industry or business

FATHER
12. Name William H. Chism
13. Birthplace Rochester N. Y. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katie Thimpson
15. Birthplace Peoria Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Foster

(b) Address 2905 N. Jefferson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-30-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gowdeck & Gowdeck

(b) Address 2228 St. Louis Ave

19. (a) JAN 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27, year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from January 14, 1942, to January 27, 1942; that I last saw him alive on January 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 23

Major findings:
Of operations

Of autopsy as above.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. M. Karl O. (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 1/27/42

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 7777

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, fact should be so stated above.