

FILED DEC 21 1942

Registration District No. 184

Primary Registration District No. 115

Registrar's No. 2623

96
3
5

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1332 PURDUE AVE. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 39 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96

(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1332 PURDUE AVE.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME HUBERT A. CHADSEY

3. (b) If veteran, name war WORLD WAR # 1 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 12
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 21 day 1941 to Dec 12 1942
that I last saw him alive on Dec 12 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOV. 11 1895
(Month) (Day) (Year)

Immediate cause of death
My pericardium heart began swelling

Due to.....

Due to..... 93d

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

8. AGE: Years Months Days If less than one day

47	1	1	hr. min.
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Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace CHICAGO ILLINOIS /
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED AUTO SALESMAN

11. Industry or business.....

MOTHER FATHER { 12. Name GEORGE CHADSEY

13. Birthplace CHICAGO ILLINOIS /
(City, town, or county) (State or foreign country)

14. Maiden name CORA GOULD

15. Birthplace NEW JERSEY /
(City, town, or county) (State or foreign country)

16. (a) Informant MISS. MARIE TEASON

(b) Address 1332 PURDUE AVE.

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?

17. (a) BURIAL (b) Date thereof 12-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. FERDINAND CEMETERY FLORISSANT

18. (a) Signature of funeral director Arthur J. Sarnely

(b) Address 3840 Lindell Blvd

19. (a) DEC 14 1942 (b) C. H. McManis
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e). Means of injury.....

23. Signature W. J. Brown (M. D. or other)
Address 390 S. Olive Date signed 12/14/42

JUN 17 1941

*Dr Sidney Brown
Wood Street
11-1*

DEC 22 1942

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 *William Motre*.....

Licensed Embalmer No. *2825*.....

P. O. Address *4340 Lafayette*.....

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.