

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1943
318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 493

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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:
Christian Hospital
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6536 Whitney Street.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hildreth Addie Chalfant

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mckinley Chalfant 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 13, 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Beardstown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Logan
13. Birthplace Brown County Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Addie McMustely
15. Birthplace Rushville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mckinley Chalfant
(b) Address 6536 Whitney Street.

17. (a) Burial (b) Date thereof 1/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richland, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) 2 1943 J. F. Bredeck
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 21 1942 to Jan 15 1943
that I last saw her alive on Jan 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Carcinoma of R kidney (stated) lived
Due to carcinoma of Uterus
Due to " "

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Exploratory operation
Of operations see above
Of autopsy _____

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? _____

23. Signature George Kueper (M. D. or other) MD
Address 3942 Goodline Ave Date signed 1/16/43

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

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3570*

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.