

19470

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 19 1948

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5474

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:
1 2504 No 14th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community WIFE _____
years, months or days

3. (a) PRINT FULL NAME ALBERT J. CHAIN

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased JULY 16 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS, MO _____
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR
11. Industry or business KORTE BLDG.

MOTHER FATHER
12. Name HENRY CHAIN
13. Birthplace ST. LOUIS, MO _____
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET McNAUL
15. Birthplace IRELAND _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Chain
(b) Address 2504 No 14th St

17. (a) BURIAL (b) Date thereof 6 15 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Deiderwieden Funeral Home
(b) Address 1936 ST. LOUIS AVE.

19. (a) JUN 19 1948 (b) J. F. Bradeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2504 No 14th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12th
year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 10, 1948, to June 12, 1948;
that I last saw him alive on June 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo-arthrits
Chronic myocarditis

Duration
10 years +
5 years

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 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Creane M.D. (M. D. or other)
Address 2504 N. 14th St Date signed 6-12-48

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

Rev. 5-15-47
U. S. G. P. 16-51111

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.

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.....

Felix J. Kriskind

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5474

On this 5th day of July, 1943, before me appears.....

Mrs. Emma Chain, who, upon her oath, states that the original record of ~~birth~~ death for her husband - Albert J. Chain ^{died} ~~born~~ June 12th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on June 15, 1943, should be corrected as follows:

Item No. 7 should read July 16, 1880

Instead of July 16, 1875

Item No. 8 should read 62 yrs. 10 mos. 27 days

Instead of 67 yrs. 10 mos. 27 days

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma le Chain wife Relationship.

2504 N. 14th Street
Present Address.

Subscribed and sworn to before me this 5th day of July, 1943

My Commission expires March 19-1946 Emma J. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19470