

S. No. 2
DM-5-43
v. 5-17-39
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142027
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18613
State File No. _____
Registrar's No. _____

FILED JUN 12 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED: 5125
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1314a Evergreen Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clifton Chaney
3. (b) If veteran, name war _____
3. (c) Social Security No. 198-01-8136

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th
year 1945 hour 9:20 minute F. M.
21. I hereby certify that I attended the deceased from 6/6/45
_____ 19____ to 6/9/45 19____;
that I last saw h im alive on 6/9/45 19____;
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 Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased 3-7-1912
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Tuberculosis,
far advanced
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
33 3 2 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER
12. Name Joseph E. Chaney
13. Birthplace Hickory County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Altie Silvey
15. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Chaney
(b) Address 1314a Evergreen-Wellston, Mo.

17. (a) Burial (b) Date thereof 6-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles County, Mo.

18. (a) Signature of funeral director Geo. L. Fleitsch
(b) Address Wellston

19. (a) JUN 19 1945 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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)
(9) Means of injury 0
23. Signature Carole Hendler (M. D.)
Address 1515 Lafayette 6/11/45

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 *Pat Ronald C. Jahude*
Licensed Embalmer No. *3917*
P. O. Address *St Louis, Mo*

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.