

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10 9 2 70
2546
State File No. 621

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>	c. LENGTH OF STAY (In this place) <i>31</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	<i>8000 17</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>29 Rutger str</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Sillie</i> b. (Middle) <i>Charis</i> c. (Last) <i>Chavis</i>	4. DATE OF DEATH 17 (Month) (Day) (Year) <i>Jan 17 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 29 1899</i>	9. AGE (In years last birthday) <i>49</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Work at home</i>	11. BIRTHPLACE (State or foreign country) <i>Miss</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>John Winston</i>	13b. MOTHER'S MAIDEN NAME <i>Rodie Harrison</i>	14. NAME OF HUSBAND OR WIFE <i>William Chavis</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>499-289208</i>	17. INFORMANT'S SIGNATURE OR NAME <i>William Chavis</i>	ADDRESS <i>2953 Rutger</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(J. Sclerosis)</i> DUE TO (c) <i>9th 11 20 1</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *6:25 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert G. Taylor M.D.</i>	23b. ADDRESS <i>1306 Clark Ave</i>	23c. DATE SIGNED <i>1/16/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-22-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
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DATE REC'D BY LOCAL REG. <i>JAN 21 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. M. Brown</i>	ADDRESS <i>2517 Soledad Ave</i>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Melvin E. Green

Signed _____
Student Embalmer

Licensed Embalmer No. 4428

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.