

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20871

318

1003

State File No. 5204

Registrar's No.

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			a. STATE Missouri		
c. LENGTH OF STAY (in this place)			b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
3. NAME OF DECEASED (Type or Print)			d. STREET ADDRESS (If rural, give location)		
a. (First) Bernice		b. (Middle)	c. (Last) Chaney		4. DATE OF DEATH (Month) (Day) (Year) June 14, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 12, 1914		9. AGE (In years last birthday) 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Famous & Barr		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harry Hasmer		13b. MOTHER'S MAIDEN NAME Anna Beckman		14. NAME OF HUSBAND OR WIFE Talmage Chaney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John W. Hasmer	ADDRESS 3814 No. 25th St.		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis and Endocarditis. Acute phase. RHEUMATIC FEVER, CHORIO ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 10 years - 1 week 10 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? #272			
22. I hereby certify that I attended the deceased from June 13, 1949, to June 14, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Bernard J. Hottel M.D.			23b. ADDRESS 2435 N. Grand		23c. DATE SIGNED 6-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/17/49	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 15 1949		REGISTRAR'S SIGNATURE J.B. Hasmer		25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO.	
				ADDRESS 3710 N. Grand	

