

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

**THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH**

State File No. **39697**  
Registrar's No. **4403**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sappington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sappington</b>	
c. LENGTH OF STAY (In this place) <b>3 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Box 545 Sappington Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Box 545 Sappington Rd.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>GEORGE J. CHANCELLOR</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 13, 1949</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>Aug. 12, 1872</b>		<b>9. AGE</b> (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>1</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Kansas</b>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Weeden</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emma Chancellor</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Emma Chancellor</b>	
				<b>ADDRESS</b> <b>Sappington, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			DUE TO (b) <b>Coronary occlusion</b>			<b>24 hours</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>606X</b>		

<b>19a. DATE OF OPERATION</b> <b>11-5-49</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Bladder Neck Obstruction</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from Sept, 1949, to Nov., 1947, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 2:50 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>S. Heinemann M.D.</b>		<b>23b. ADDRESS</b> <b>1325 S. Grand</b>		<b>23c. DATE SIGNED</b> <b>11-14-49</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Nov. 15-49</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Hill Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kirkwood, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>11-14-49</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Wombe M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis H. Bopp, Inc.</b>	
				<b>ADDRESS</b> <b>Kirkwood, Mo.</b>	

**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.

Student .....  
Student Embalmer

Signed Felix Duval

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.