

No. 300  
10. 48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43101

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2938

1023

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1749 Waverly Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>RAYMOND</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 1 1950</u>	
a. (First) <u>RAYMOND</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>CHILL</u>		<b>5. SEX</b> <u>Male</u>	
<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Separated</u>	
<b>8. DATE OF BIRTH</b> <u>Dec. 27, 1896</u>		<b>9. AGE</b> (In years last birthday) <u>53</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Missouri</u>	
<b>13a. FATHER'S NAME</b> <u>Edward Chill</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ollie Miller</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Leona Chill</u>		<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.I</u>	
<b>15. SOCIAL SECURITY NO.</b> <u>unknown</u>		<b>16. INFORMANT'S SIGNATURE OR NAME</b> <u>Clinical Records of U.S. Marine Hosp. Kirkwood</u>	
<b>17. ADDRESS</b>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Rheumatic Heart Disease</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1941</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u>		<b>unknown</b>	
DUE TO (c)		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign prostatic hypertrophy</u>	
<b>19a. DATE OF OPERATION</b> <u>none</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>	
<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) <u>none</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>no injury</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>Nov. 30, 1950</u> , to <u>Dec. 1, 1950</u> , that I last saw the deceased alive on <u>Dec. 1, 1950</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>W.H. Sage</u> (Degree or title) <u>S.A. Surg. USPHS. D.</u>		<b>23b. ADDRESS</b> <u>U.S. Marine Hosp. Kirkwood, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>Dec. 4, 1950</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	
<b>24b. DATE</b> <u>12-4-50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Burial Park</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, County Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette Avenue</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12-5-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke MD.</u>	
<b>ADDRESS</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette Avenue</u>	

*RWC* (Licensed Embalmer's Statement on Reverse Side)

1961 FEB 17 833

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*H. Y. Harris*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address H. Harris

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.