

No. 300  
10. 48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40079

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3810

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). 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>Kirkwood</b>		c. LENGTH OF STAY (In this place) <b>6 1/2 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Brookhaven Ave,</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>	
		d. STREET ADDRESS (If rural, give location) <b>618 Brookhaven Ave, 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Beatrice</b>	b. (Middle) <b>Mary</b>	c. (Last) <b>Chiedo</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 23 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 2 1870</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>81 29 21</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>New Ross Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown Malone</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph James Chiedo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph S. Chiedo</b>	ADDRESS <b>618 Brookhaven</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis cardio-renal</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		
	DUE TO (c)		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>442 x</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **7/1**, 1951, to **11/23**, 1951, that I last saw the deceased alive on **11/23**, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Stuebel</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>104 N. Adams, Kirkwood</b>	23c. DATE SIGNED <b>11/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-26-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-26-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donkemo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>	ADDRESS <b>Kirkwood 22 Mo.</b>
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WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William H. Fitzinger*

Licensed Embalmer No. *4314*

P. O. Address

*Kirkland, 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.