

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40066**
Registrar's No. **10615**

44706
FILED DEC 12 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND 426 X	
c. LENGTH OF STAY (in this place) 8 HOURS		d. STREET ADDRESS (If rural, give location) 2333 BURAS 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hosp			
3. NAME OF DECEASED a. (First) LINDA		b. (Middle) SUE	
c. (Last) CHITWOOD		4. DATE OF DEATH (Month) (Day) (Year) 11 16 52	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-26-52	
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months 4 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Billy G Chitwood		13b. MOTHER'S MAIDEN NAME Alberta Montague	
14. NAME OF HUSBAND OR WIFE XXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME R. R. Harmon, 500 S. Kingshighway		ADDRESS	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Salicylate intoxication		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
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? E8729			
22. I hereby certify that I attended the deceased from 11-16 , 19 52 , to 11-16 , 19 52 , that I last saw the deceased alive on 11-16 , 19 52 , and that death occurred at 11:50 A. m., from the causes and on the date stated above. 40			
23a. SIGNATURE (Degree or title) John C. Herweg M.D.		23b. ADDRESS 500-S. Kingshighway	
23c. DATE SIGNED 11/17/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-18-52	
24c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery		24d. LOCATION (City, town, or county) (State) Pattonville, Mo.	
DATE REC'D BY LOCAL REG. NOV 18 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Blairham Bros. Inc.		ADDRESS 2504 Woodson Rd	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.