

FILED JAN 14 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 3562

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Vinita terrace		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN [REDACTED] 14, 4270 VINITA TERRACE					
d. FULL NAME OF HOSPITAL OR INSTITUTION 8005 Washington Ave.,				d. STREET ADDRESS (If rural, give location) 8005 Washington Ave.,					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) R.		c. (Last) CHADWICK.			
4. DATE OF DEATH		Month		Day		Year			
Jan. 1, 1954									
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White <input type="radio"/>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 19, 1888.			
9. AGE (In years last birthday) 65		# UNDER 1 YEAR Months		# UNDER 24 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) moving Picture operator				10b. KIND OF BUSINESS OR INDUSTRY Motion Pictures		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Hanson Chadwick		13b. MOTHER'S MAIDEN NAME Don't know			
14. NAME OF HUSBAND OR WIFE Annie Chadwick				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-10-7920			
17. INFORMANT'S SIGNATURE OR NAME Annie Chadwick				ADDRESS 8005 Washington Av.					
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) <i>Acute Stenosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Mys Cardiac Insufficiency</i> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4222					
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?					
22. I hereby certify that I attended the deceased from 10-10-1953 to 1-1-1954, that I last saw the deceased alive on 12-31-1953, and that death occurred at 12:25 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>S. P. Proffers M.D.</i>				23b. ADDRESS 114 S. Central		23c. DATE SIGNED 1-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE Jan. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 1-2-54		REGISTRAR'S SIGNATURE <i>Hubert R. Dornbecker</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.,					

320 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Stephen R. Richtarsie  
35 N. Central Ave.,

PA. ~~04~~ 6425 ~~B-4-F.M.~~

11.30 AM

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 Alfred J. Bredner

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

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.