No. 300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 6 1954

State File No. 9935

BIRTH NO. 25026-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2591

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6356 Everett Dr.
d. STREET ADDRESS (If rural, give location): Berkeley 21, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Catherine
c. (Last): Chelgren

4. DATE OF DEATH (Month) (Day) (Year): Mar. 19, 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 18, 1954.
9. AGE (In years last birthday): —
If under 1 year: Months —, Days —, Hours 15, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nihil
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: ——

13a. FATHER'S NAME: David O. Chelgren
13b. MOTHER'S MAIDEN NAME: Patricia Ann Quinn
14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: David O. Chelgren, Berkeley, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES

Morbid 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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

776X

22. *I hereby certify that I attended the deceased from* Mar 18, 1954, *to* Mar 19, 1954, *that I last saw the deceased alive on* Mar 19, 1954, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Merritt M.D.
23b. ADDRESS: 7309 Natural Bridge Rd
23c. DATE SIGNED: 3/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/23/54
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 22 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
mgb
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WHITE CHAPEL, FERGUSON, Mo.

(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 .....

..... Student Embalmer No. 1 .....

working under my personal supervision.

Student .....
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, Mo

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

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