

STANDARD CERTIFICATE OF DEATH

32599

State File No.

FILED SEP 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2174</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (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>Wellston</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston #301</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 Evergreen Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1314 Evergreen Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Altie</u> b. (Middle) <u>A</u> c. (Last) <u>Chaney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/14/54</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/17/1887</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Howell Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm. Silvey</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Ann Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Chaney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> *****		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Chaney 1314 Evergreen Ave.</u>					
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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Coronary Expansion</u>			<u>5 hours</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Coronary Disease</u>			<u>10</u>		
			DUE TO (c) <u>Hypertension</u>			<u>12</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>✓</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		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 <u>January 1944</u> , to <u>September 1954</u> , that I last saw the deceased alive on <u>September 13, 1954</u> , and that death occurred at <u>4:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Clark</u>				23b. ADDRESS <u>6201 Lotus Ave.</u>		23c. DATE SIGNED <u>9-14-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Weldon Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/14/54</u>		REGISTRAR'S SIGNATURE <u>W. H. Clark</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Clark 1125 Hodiamont Ave.</u>				

(Licensed Embalmer's Placement on Reverse Side)

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

8 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.....
Student Embalmer

Signed *Alfred J. Bodeker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hudson*

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.