

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14102

FILED APR 21 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>858</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 OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Brentwood</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				STREET ADDRESS (If rural, give location) <u>8725 Rose Ave.</u>				
3. NAME OF DECEASED (Type or Print) <u>ROSIE</u>			a. (First)		b. (Middle)		c. (Last) <u>CHUNN</u>	
4. DATE OF DEATH <u>April 11 1955</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1909</u>		9. AGE (In years, last birthday) <u>46</u>		10. UNDER 1 YEAR: Months <u>3</u> Days <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sherwood Day School.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hub, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Samuel Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Estelle Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Timothy Chunn</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-20-4444</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estelle Peters Hart</u> ADDRESS <u>8723 Evans Brentwood, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u> <u>Resected carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u> <u>5 years</u> <u>2 year</u> <u>50 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>				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)				
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?				
22. I hereby certify that I attended the deceased from <u>4-7-</u> , 1955, to <u>4-11-</u> , 1955, that I last saw the deceased alive on <u>4-11-</u> , 1955, and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Jack Zelen</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6015 Brentwood Clayton, Mo</u>		23c. DATE SIGNED <u>4-12-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-13-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donka M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u>		ADDRESS <u>3847 Page</u>		

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

Cause of the death.

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.....
Signature of Student Embalmer

Signed *Charles J. Nash*

Licensed Embalmer No. *245*

P. O. Address *3847 Po*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.