

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19193

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5091 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY - <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CENTRAL 1MO</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CASTLE ACRES NURSING HOME</b>		e. STREET ADDRESS (If rural, give location) <b>5712 GOETHE 2029</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle)		c. (Last) <b>CHAYWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV 4 1877</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CABINET MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CABINET MAKER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WINCHESTER, ILL</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>GEORGE CHAYWELL</b>		13b. MOTHER'S MAIDEN NAME <b>LAURA HOFFMAN</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPHINE CHAYWELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>444-03-5516</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MRS ALBERT 5712 GOETHE ST. L. MO.</b>	

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) <b>Broncho-pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>years</b>  <b>years</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. arterio-sclerosis</b>		
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		

19a. DATE OF OPERATION <b>no.</b>		19b. MAJOR FINDINGS OF OPERATION <b>1/500</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) (Min)		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 June 20, 1955, to June 26, 1955, that I last saw the deceased alive on June 26, 1955 and that death occurred at 11:50 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul V. Hoffmeyer MD</b>		23b. ADDRESS <b>Desoto, MO</b>		23c. DATE SIGNED <b>June 27, 55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 29, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS, MO</b>	
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DATE REC'D BY LOCAL REG. <b>6-27-55</b>		REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>141-01 BUCHHOLZ 5967 W FLORESSANT ST LOUIS MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 7 1955

JUL 12 1955

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 *Samuel J. Malin*

Licensed Embalmer No. *43*

P. O. Address *Mo. So. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.