

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19938

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No.

5167

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,		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 St. Johns Hospital			e. STREET ADDRESS (If rural, give location) 5306 Abner		
3. NAME OF DECEASED (Type or Print) a. (First) Odin b. (Middle) Burton c. (Last) Chasteen			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1919		9. AGE (In years last birthday) Months Days 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Boy		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and State or Foreign Country) Sapulpa, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John B. Chasteen		13b. MOTHER'S MAIDEN NAME Catherine Taylor		14. NAME OF HUSBAND OR WIFE Tranna Chasteen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tranna Chasteen, 5598 Waterman Ave.			
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>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo's</u> <u>1 yr.</u> <u>1 yr.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X				
22. I hereby certify that I attended the deceased from <u>Apr 22 1955</u> to <u>June 14, 1955</u> , that I last saw the deceased alive on <u>June 13, 1955</u> , and that death occurred at <u>7:00 A.M.</u> on <u>June 14, 1955</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Debra McEnahan, MD</u>		(Degree or title)		23b. ADDRESS <u>634 N. Grand Blvd</u>	23c. DATE SIGNED <u>6-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-17-55	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		
DATE REC'D BY LOCAL REG. JUN 14 1955	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.		

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

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 *John Paul*.....
Licensed Embalmer No. *3653*
P. O. Address *St. Paul*.....

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.