

FILED AUG 2 - 1955

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

State File No. 23380  
318 1003 Registrar's No. 5407

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3108 1/2 Caroline</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>313 Marion</b>				21890			
3. NAME OF DECEASED (Type or Print) <b>James</b>		a. (First)		b. (Middle)		c. (Last) <b>Chaffin</b>	
4. DATE OF DEATH <b>6 - 19 - 55</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 7, 1901</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Welch Baby Carriage</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Milroy Chaffin</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Butler</b>		14. NAME OF HUSBAND OR WIFE <b>Rita Chaffin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-07-1871</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rita Chaffin, 3108 1/2 Caroline</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>Coronary Heart Dis</b> 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. _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>June 5, 1955</b> , to <b>June 18, 1955</b> , that I last saw the deceased alive on <b>June 18, 1955</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James M. Matthews, M.D.</b>				23b. ADDRESS <b>916 A. N. Taylor</b>		23c. DATE SIGNED <b>6-21-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>R</b>		24b. DATE <b>6/25/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 22 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Atkins Bros. 3644 Finney Ave.</b>			

WRITE PLAINLY—USING UNFADING 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 .....  
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett Pl.

**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.