

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27527

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7254**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST LOUIS,	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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3401 NORTH UNION		e. STREET ADDRESS (If rural, give location) 3401 NO UNION APT, P. 20690	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) R.	c. (Last) CHICARD	4. DATE OF DEATH (Month) (Day) (Year) AUG, 18, 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11/7/1887
9. AGE (In years last birthday) 67		f. UNDER 1 YEAR Months	g. UNDER 11 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE MANAGER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK A. CHICARD	13b. MOTHER'S MAIDEN NAME ELLEN GREELY	14. NAME OF HUSBAND OR WIFE DOROTHY CHICARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. # 192-07-2904	17. INFORMANT'S SIGNATURE OR NAME DOROTHY CHICARD	ADDRESS 3401 NORTH UNION
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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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) tracheal obstruction		days
	ANTECEDENT CAUSES DUE TO (b) Recurrent carcinoma DUE TO (c) Carcinoma of esophagus		14 mo.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Widespread esophageal carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 150X
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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?
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22. I hereby certify that I attended the deceased from **9-28, 1954**, to **4-12, 1955**, that I last saw the deceased alive on **4-12, 1955**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. Collins Hawley M.D. (Degree or title)	23b. ADDRESS 1325 S. GRAND BLDG 8FL.	23c. DATE SIGNED 8/19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/20/55	24c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. AUG 19 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE STROOP - CARROLL	ADDRESS 1600 NATURAL BRIDGE AVE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Peruall
2409 no union
1-5 student*

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 J. Gaines*
Licensed Embalmer No. *416*
P. O. Address *St. Louis*

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.