

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11459**  
Registrar's No. **435**

BIRTH NO. **7992056** R.C. DIST. NO. **317** PRIMARY REG. DIST. NO. **542**

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. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>6616 Alabama Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lullaby Nursery</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Chaey's</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Oct. 3, 1956</b>		9. AGE (In years last birthday) <b>4</b> IF UNDER 1 YEAR Months <b>12</b> IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Edward E. Claeys</b>		13b. MOTHER'S MAIDEN NAME <b>Olivia Minden</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Olivia Claeys 6616 Alabama Avenue St. Louis</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c)		
II. 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		20. AUTOPSY? <b>2</b> 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) (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 **2-4**, 19**57**, to **2-15**, 19**57**, that I last saw the deceased alive on **2-4**, 19**57**, and that death occurred at **5:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Turner</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>330 St. Francois</b>		23c. DATE SIGNED <b>2-15-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 16, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>2-16-57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donk</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Mortuaries 781 1/2 So. Broadway St. Louis, Missouri</b>	
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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.