

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

29308  
STATE FILE NUMBER  
7014  
REGISTRAR'S NO.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY OR TOWN <b>Alma</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS	
Length of stay in 1b <b>29 hours</b>		(If outside, give location) <b>812<sup>9</sup></b>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <b>Gerald</b> Middle <b>Dale</b> Last <b>Chasteen</b>			Month <b>July</b> Day <b>26</b> Year <b>1957</b>			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
<b>Male</b>	<b>White</b>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>August 3, 1932</b>	<b>24</b>	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<b>Laborer</b>		<b>Oil Fields</b>		<b>Salem, Illinois.</b>		<b>U.S.A.</b>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
<b>Silas Chasteen</b>			<b>Irene Lee</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address
<b>Yes</b>		<b>Reacetime</b>		<b>335-265426</b>		<b>Gloria Chasteen, Alma, Illinois.</b>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Meningitis;</b>						
DUE TO (b) <b>Fracture of Skull;</b>						
DUE TO (c) <b>E.845.X</b>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE IMMEDIATE REASON GIVEN IN PART I. (See instructions on reverse side.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>						
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, Item 18.) <b>subject in fall from horse while riding on deceased's property at Alma, Illinois on or about July 10 1957.</b>						
20c. TIME OF INJURY		20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION
Hour <b>7</b> Month, Day, Year <b>10 31</b>		While at work <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>32</b>		<b>Alma Illinois</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>1:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED		
<b>James M Kelly Deputy</b>		<b>1300 Clark</b>		<b>7-27-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)			
<b>Removal</b>	<b>July 27, 1957</b>	<b>Local Cemetery</b>	<b>Salem, Illinois.</b>			
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<b>Albert H. Hoppe, 4700 Washington Blvd.</b>		<b>JUL 27 '57</b>		<b>J. Earl Smith - MD</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Stanley A. Dixon* .....

Licensed Embalmer No..... *4*

P. O. Address..... *St. Louis*

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