

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45706
STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 12623

S. 300
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 3829a SHAW AVE. INSTITUTION residence		d. STREET ADDRESS (If outside, give location) 3829a Shaw Avenue	
Length of stay in lb 6 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD ELSWORTH CHILES			4. DATE OF DEATH Month Day Year Dec. 28th 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1883
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - salesman	11. BIRTHPLACE (City and state or country) Pendleton, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas K. Chiles		13b. MOTHER'S MAIDEN NAME Elizabeth Jane McIntyre	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no NONE		16. SOCIAL SECURITY NO.	17. INFORMANT Sarah E. Taylor, 3829a Shaw Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis generalizied DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-0			INTERVAL BETWEEN ONSET AND DEATH 7 1
20a. ACCIDENT <input 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 of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 16 1957 to Dec 28 1957 and last saw her alive on Dec 28, 1957 Death occurred at Dec 28, 1957 10p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) John Winters MD		22b. ADDRESS 1504 So Grand	
22c. DATE SIGNED 12/30/57		23. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-57	
23c. LOCATION (City, town, or county) St. Louis, Missouri		23d. STATE	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. DEC 30 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD			

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.