

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2759

STATE FILE NUMBER

FILED JAN 23 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **382**

300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2800 Papin</i>			Length of stay in Ib	d. STREET ADDRESS (If outside, give location) <i>2220 2650 BERNARD</i>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>CHALMERS</i> Last				4. DATE OF DEATH Month <i>1</i> Day <i>10</i> Year <i>58</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>3-22-1893</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NON</i>		11. BIRTHPLACE (City and state or country) <i>COLUMBIA-MISS</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>SAM CHALMERS</i>			13b. MOTHER'S MAIDEN NAME <i>ALICE CHALMERS</i>			14. NAME OF HUSBAND OR WIFE <i>X</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES - NO - 1</i>		16. SOCIAL SECURITY NO. <i>X 492-017239</i>		17. INFORMANT <i>DAUGHTER</i> , Address <i>ETHEL THOMPSON 2800 PAPIN</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4341</i>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 _____ a.m. _____ p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>300 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Carmel</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>1.13.58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>1-7-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETRY</i>		23d. LOCATION (City, town, or county) (State) <i>JEFFER BAREK MO</i>		
24. FUNERAL DIRECTOR <i>PEASTON AN SON FUNERAL HOME</i>				ADDRESS <i>3615 EASTON</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 13 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no listed. All 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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leroy H. Jannister*

Licensed Embalmer No. *4523*
P. O. Address *4251 Washing*

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.