

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016747

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1232

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1-57  
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1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		Length of stay in lb <b>1 month</b>	d. STREET ADDRESS (If outside, give location) <b>5257 Fairview Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARIPOSA CHASTONAY</b>			4. DATE OF DEATH Month Day Year <b>May 3, 1958</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 3, 1914</b>		9. AGE (In years last birthday) <b>44 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Max Gundloch</b>		13b. MOTHER'S MAIDEN NAME <b>Elsa Messelhauf</b>		14. NAME OF HUSBAND OR WIFE <b>John Chastonay</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-07-6618</b>		17. INFORMANT Address <b>John Chastonay 5257 Fairview Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prutranitis due to Intestinal Perforation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Membranous Colitis - Ulcerative Post-operative - Intestinal Reaction</b>					<b>6 days</b>
DUE TO (c) <b>Post-operative - Intestinal Perforation</b>					<b>7 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Carcinomas - Cecum 1952 - Endometrium 1955</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT <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 <b>4-2-58</b> to <b>5/3/58</b> and last saw her <b>him</b> alive on <b>5-3-58</b> Death occurred at <b>1052 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Ernest T. Dreyfus, M.D.</b>			22b. ADDRESS <b>University Club Bldg.</b>		22c. DATE SIGNED <b>5-5-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county) (State)
<b>Burial</b>		<b>5/6/58</b>	<b>Vahalla Cemetery</b>		<b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>Gebken Mortuary</b>		ADDRESS <b>2630 Gravois Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>5-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Danke M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Herbert J. San Jr.* .....

Licensed Embalmer No. *4800* .....

P. O. Address *Hickwood 22, 7* .....

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.