Health, Welfare Public Service

300
1-57
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030249
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8379

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 — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 13 Incarnate Word Hosp. — Length of stay in 1b 3½ wks. 21390

d. STREET ADDRESS (If outside, give location) 3256 Suson Ct. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First May Middle NMI Last Chalmers

4. DATE OF DEATH Month Day Year Aug. 29th 1958

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH Nov. 16th 1880

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Pulaski Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown Bridges

13b. MOTHER'S MAIDEN NAME Unknown Basham

14. NAME OF HUSBAND OR WIFE George Chalmers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mildred Chalmers Address Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gangrene Sacrum —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes —
DUE TO (c) 260+
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Aug 1948, to Aug 1958 and last saw her ~~him~~ alive on 8/28/58
Death occurred at 3 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Mishaskie MD

22b. ADDRESS 2816 Sutton

22c. DATE SIGNED 8/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-1-58

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG. AUG 29 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.D.

(Licensed Embalmer's Statement on Reverse Side)

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 H. Burgess

Licensed Embalmer No. 4029

P. O. Address Hapleton

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.