

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041395

STATE FILE NUMBER

11252

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 26 Chronic Hosp.			Length of stay in 1b 2 months	d. STREET ADDRESS 2189 3672 Hickory St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George A. Chadwick				4. DATE OF DEATH Month Day Year 11-20-58			
5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 9, 1869 1882	9. AGE (In years last birthday) 89-67	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) Section Foreman			10b. KIND OF BUSINESS OR INDUSTRY Wabash R. R.	11. BIRTHPLACE (City and state or country) Kenova, West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hence Chadwick			13b. MOTHER'S MAIDEN NAME Susann Cyress		14. NAME OF HUSBAND OR WIFE Rosalie Chadwick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Ray Mrs. Roy Ritter, 3672 Hickory Street., Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Confluent Bronchopneumonia 3 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arteriosclerotic Nephrosclerosis - 2 mo.							INTERVAL BETWEEN ONSET AND DEATH
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.) ITEM 8, 9, 17 CORRECTED BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT Marriage License Dubrain Co. m. date 8-12-1897				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 9-18-58, to 11-20-58 and last saw her alive on 11-20-58 Death occurred at 3:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John W. Beckham, M.D.				22b. ADDRESS 5800 Arsenal		22c. DATE SIGNED 11/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-58	23c. NAME OF CEMETERY OR CREMATORY Ellewood Cemetery		23d. LOCATION (City, town, or county) Mexico, Missouri.		(State)	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. NOV 22 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 1 1958

1881

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 Stanley H. Ryan
Licensed Embalmer No. 4193
P. O. Address St. Louis

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.