

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-181803

STATE FILE NUMBER

2 3810

FILED MAY 8 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57

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USE ONLY BLACK INK OR RIBBON. WRITE IF POSSIBLE.
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 1b. No symptoms will be listed. All diseases in Part I must be causally related.

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Richmond Hts. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital | | d. STREET ADDRESS (If outside, give location) #1 Laymont Dr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. CHICKEY JR. | | | 4. DATE OF DEATH Month Day Year Apr. 15 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 27, 1896 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President-Scullin Steel Co. | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME William H. Chickey Sr. | | 13b. MOTHER'S MAIDEN NAME Sarah A. Bartley | 14. NAME OF HUSBAND OR WIFE Mary Ellen Chickey |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 497-01-2349 | 17. INFORMANT Address Mary Ellen Chickey #1 Laymont Dr. |
| 11b. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar Meningitis DUE TO (b) Chronic otitis media DUE TO (c) 391.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. |
| 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 <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 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 April 15 1959 to April 15 1959 and last saw ^{her} him alive on 4-15-59 Death occurred at 4:00 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John J. Onbley M.D. (Degree or title) | | 22b. ADDRESS 5203 Chippenwo | 22c. DATE SIGNED 4-17-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Apr. 18, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S.Kingshighway ADDRESS | | 25. DATE RECD. BY LOCAL REG. APR 17 '59 | 26. REGISTRAR'S SIGNATURE Neal Smith, M.D. |

mda

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 *Richard W. Stovsand*

Licensed Embalmer No. *4007*

P. O. Address

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.