

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012438

FILED VS MAR 25 1960

2 3019

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		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>St. Louis</b>	Length of stay in 1b <b>36 yrs.</b>	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>Homer G. Phillips</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2615 Franklin</b>

3. NAME OF DECEASED (Type or print) First <b>Clifton</b> Middle Last <b>Chew</b>			4. DATE OF DEATH Month <b>3</b> Day <b>12</b> Year <b>60</b>	
---	--	--	---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</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>12-21-1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>18</b>	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	---------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Lake Washington, Miss.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Jerry Chew</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Chew</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>331x</b>	17. INFORMANT <b>Virginia Chew 2615a Franklin 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>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

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. Month, Day, Year _____	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 <b>3-11-60, 7:00 p. m.</b>	COUNTY <b>3-12-60</b>	STATE <b>3-12-60</b>
---	--	--	--	--------------------------	-------------------------

21. I attended the deceased from <b>10:00 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw him alive on <b>3-12-60</b> at <b>10:00 p.</b>	
---	--	---	--

22a. SIGNATURE (Degree or title) <b>Adney R. Evans, M.D.</b>	22b. ADDRESS <b>2601 N. Whittier St.</b>	22c. DATE SIGNED <b>3-14-60</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-16-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co.</b>	(State) <b>Mo.</b>
---	-------------------------------	--	---	-----------------------

24. FUNERAL DIRECTOR <b>J. H. RANDLE &amp; SON</b>	ADDRESS <b>3133 Bell Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 15 1960</b>	26. REGISTRAR SIGNATURE <b>Loant Smith, M.D.</b>
---	----------------------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ether K. Harris

Licensed Embalmer No. 445  
P. O. Address 4181 7th

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.