

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017561

FILED VS APR 22 1960

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548

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBSTER GROVE</b>	Length of stay in lb <b>1 YR.</b>	c. CITY OR TOWN <b>WEBSTER GROVE</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>103 SELMA</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>103 SELMA</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEONARD</b> Middle <b>FAYE</b> Last <b>CHATHAM</b>			4. DATE OF DEATH <b>March 3 - 6 - 60</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2/26/1918</b>	9. AGE (last birthday) <b>41</b>	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>		11. BIRTHPLACE (City and state or country) <b>HERRICK - ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>DELMAR CHATHAM</b>		13b. MOTHER'S MAIDEN NAME <b>ELSIE ELLINGTON</b>		14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>		16. SOCIAL SECURITY NO. <b>NO RECORD</b>		17. INFORMANT Address <b>Frank Hecht Vandalia, Ill</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cause of death could not be determined due to advanced decomposition of body	
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 SUICIDE HOMICIDE <input type="checkbox"/> <b>Open Verdict</b> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Subject found in bed approximately 10 days after estimated time of death</b>
20c. TIME OF INJURY <b>12:45</b>	Hour <b>XX</b> Month <b>3</b> Day <b>16</b> Year <b>60</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>bedroom of home</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Webster Groves St. Louis Missouri</b>

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Raymond H. Harris</b> Coroner		22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>3/25/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>3/18/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIR LAWN</b>	23d. LOCATION (City, town, or county) (State) <b>Vandalia - Illinois</b>
24. FUNERAL DIRECTOR <b>J. C. Henry - Vandalia, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>3-18-60</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy 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 <sup>NOT</sup>  
or by J. C. King, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed J. C. King

Licensed Embalmer No. 1112

P. O. Address London, Md.

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.