

FILED VS SEP 2 1960

318

Primary Registration District No. 1003

Registrar's No. 7848

7848

STATE FILE NUMBER

INDEXED

9-2-60

Alta Childress

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF funeral home

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>9 weeks</i>		c. CITY OR TOWN <i>Page Dale 4281</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1328 Milford Avenue</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>William Howard</i> Middle <i>Chitty</i> Last <i>Sr</i>				4. DATE OF DEATH Month <i>August</i> Day <i>8</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10/20/08</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <i>Bus Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Public Service</i>		11. BIRTHPLACE (City and state or country) <i>Wolf Creek Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William E. Chitty</i>		13b. MOTHER'S MAIDEN NAME <i>Alta Childress- Childers</i>		14. NAME OF HUSBAND OR WIFE <i>Eunice Chitty</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>489-10-4997</i>		17. INFORMANT <i>Mrs. Eunice Chitty 1328 Milford Ave</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Cancer of the colon with metastasis to liver</i>	
						DUE TO (c) <i>metastasis to liver</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>153.8</i>						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 type="checkbox"/> NO <input checked="" 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		COUNTY	STATE
21. I attended the deceased from <i>Jan 19 59</i> to <i>8-8-60</i> and last saw her/him alive on <i>8-8-60</i> Death occurred at <i>6:06 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Clyde Costello M.D.</i>				22b. ADDRESS <i>100 N. Euclid</i>		22c. DATE SIGNED <i>8-9-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug 10, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Shepard Funeral Home, 1167 Hamilton Ave</i>			25. DATE RECD. BY LOCAL REG. <i>AUG 9 1960</i>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>		

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~DEATH~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Gerber

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.