

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED US NOV 17 1960

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10474

-60-043437

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>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>	Length of stay in 1b <b>40 years</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) <b>D.O.A. City Hospital #1</b>		d. STREET ADDRESS (If outside, give location) <b>1905 O'Fallon</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Chatching</b> Last			4. DATE OF DEATH Month <b>10</b> Day <b>25</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>negs</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Unknown about 90</b>	9. AGE (last birthday) <b>Unknown about 90</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Ala</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Chatching</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Wia mal Childree 2805 Paris</b>	Address
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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>Shock due to 2nd &amp; 3rd deg. burns of approx. 50% of body surface; Pulmonary infarction, left lower lobe; Generalized arterio-sclerosis with dissecting aneurysm in the ascending Aorta; suffered when deceased burned self with hot water in bathroom of his home on October 25th, 1960.</b>		INTERVAL BETWEEN ONSET AND DEATH
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) <b>ACCIDENT 917-0-17</b>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>as above</b>
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20c. TIME OF INJURY Hour a.m. p.m. <b>10-25-60</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>21 Home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY	STATE <b>MO.</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at **11:10** P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <b>Paul Simon</b>	(Degree or title) <b>Deputy Coroner</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>10/29/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	23d. LOCATION (City, town, or county) <b>Lemay</b>	(State) <b>MO</b>
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24. FUNERAL DIRECTOR <b>Andrew W. Burko</b>	ADDRESS <b>3504 Franklin</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 29 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith. M.D.</b>
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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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Leroy W. Panmister

Licensed Embalmer No. 4523

P. O. Address AR 51 West

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.