# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012917-
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. — Registrar's No. 120

FILED APR 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0940 | | |
| 2 | 20542 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 2 | | |
| 9 | 420.1 | | |
| 10 | | | |
| 11 | | | |
| 12 | 93-0 | | |
| 13 | 1-0 | | |

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Francois Township
Length of stay in 1b: 30Y;2M;12days.
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 4 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 6128 Pershing — Reside on Farm: Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: City of St. Louis

3. NAME OF DECEASED (Type or print): First: LILLIAN Middle: Z. Last: CHEDELL

4. DATE OF DEATH: Month: March Day: 11 Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 3-3-1884
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months: 0 Days: 8 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Badger
13b. MOTHER'S MAIDEN NAME: Marion Hart
14. NAME OF HUSBAND OR WIFE: Arthur E. Chedell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records, State Hospital No.4, Address: Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Unknown
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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 July 6, 1932 to March 11, 1963 and last saw her alive on March 11, 1963
Death occurred at 6:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS: State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED: 3-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-3-63
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

24. FUNERAL DIRECTOR: Bopp Funeral Home, ADDRESS: 10610 Manchester, Kirkwood, Missouri
25. DATE RECD. BY LOCAL REG.: Mar 13, 1963
26. REGISTRAR'S SIGNATURE: Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1963

**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 _____ Signed C H Cozean

Signature of Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farington Mo

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.