

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

3266

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 5463 Delmar)

File No. 1 485

Registered No. 1 485

St. ....

Ward

**2. FULL NAME** William L. Chaney

(a) Residence. No. 5463 Delmar St., 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Elis P. Chaney

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 14 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

61

0

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Adjuster for

(b) General nature of industry, business, or establishment in which employed (or employer)

Retna Insurance

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Levin S. Chaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Vincennes

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Louise J. Elm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Vincennes

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Clark Chaney

5463 Delmar

15.

FILED 12 1931

May C. V. ...

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 10<sup>th</sup> 1931

17. No physician attended

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19.....

that I last saw h..... alive on..... 9<sup>30</sup> P., 19..... and that

death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
930

(duration)..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration)..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Hurley M. D.

(Address) 11/2 1931

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellevue

1-13-1931

20. UNDERTAKER

ADDRESS

Magner and Co. 3621 Olive.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

