WHITE 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.

JAN 23 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 44276
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 255
City Manchester (No. ..., ... St. ..... Ward)

2. FULL NAME George E. Chadeayne (GEO. EDGAR CHADEAYNE)
(a) Residence, No. Manchester Nursing Home St. ..... Ward. Route 13 Kirkwood Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Chadeayne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10, 1858
7. AGE: YEARS 76 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hatter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER
13. NAME: Charles Chadeayne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Jane A. Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Leon Vaucher RR 13 Kirkwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 12-12- 1934
19. UNDERTAKER (ADDRESS): Louis H. Bopp Kirkwood Mo
20. FILED 12/11 1934 Agnes C Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Dec. 9, 1934
I last saw him alive on December 9, 1934. Death is said to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

Bilateral Broncho pneumonia — Date of onset Dec. 6th

16a — 107a

Other contributory causes of importance:

Senility

Name of operation none — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. R. Loring, M. D.
(Address) Ballwin, Mo.