MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8511

Township ..... Primary Registration District No. 1003 Registered No. 1966

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Ralph Chancellor

(a) Residence, No. ..... St., N R Ward. Ellisville, 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. 1/2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aurel Chancellor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1910

7. AGE: YEARS 26 MONTHS 4 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in gravel plant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stasco Milling Co.

10. Date deceased last worked at this occupation (month and year) 4 4

11. Total time (years) spent in this occupation 3 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

FATHER

13. NAME George Chancellor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Aurel Chancellor Ellisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McALESTER OKla DATE 2-15 1937

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED FEB 15 1937 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 2nd, 1937, to February 13, 1937

I last saw him alive on February 13, 1937. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Feb 13, 1937
Chronic myocarditis with Valvular heart disease	
Acute nephritis	Feb 1937
Other contributory causes of importance: Silicosis - non T. B.	about 1928.

92a

Name of operation none Date of .....

What test confirmed diagnosis? Physical + X ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: no

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? yes

If so, specify Silica dust in gravel plant.

(Signed) B. R. Loving, M. D.

(Address) Ballwin, Mo.

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.

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