

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.

REC'D AUG 12 1938

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

23233
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008
 (c) City ST. LOUIS (d) Street No. CITY HOSPITAL St. 320
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS L. CHADDUCK

(a) Residence, No. 3145 LUDDA AVE St. MO MARLEWOOD, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF IDA CHADDUCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 17 - 1870

7. AGE YEARS 68 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER
 9. Industry or business in which work was done, as saw mill, bank, etc. —
 10. Date deceased last worked at this occupation (month and year) JUNE 29 1938 11. Total time (years) spent in this occupation 46 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY Co MISSOURI

FATHER 13. NAME JOHN CHADDUCK
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER 15. MAIDEN NAME MARY ANDREWS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY City MISSOURI

17. INFORMANT Lawrence W. Grant
 (ADDRESS) 3417 McCausland

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKE CHARLES DATE JULY 2 1938

19. FUNERAL DIRECTOR Parker and Co
 (ADDRESS) Webster Groves Mo

20. FILED JUL 1 1938 J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:25 P. M.

The principal cause of death and related causes of importance were as follows:
Laceration and Haemorrhage of brain from skull fracture suffered when struck by right side of Ford Sedan in front of about 2114 Market Street, about 5:15 P. M. June 29th, 1938. The car being driven by Earl Geissberger. Accident. Date of onset

Other contributory causes of importance: —

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 6/29 1938
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
public place

Manner of injury see above
 Nature of injury —

24. Was disease or injury in any way related to occupation? NO
 If so, specify _____
 (Signed) Joseph M. Quinn
 841 Address Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, C. C. Aldrich , Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

 L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed C. C. Aldrich
Licensed Embalmer No. 1332

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.)