

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22851

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1139

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME James William Chaney

8. (b) If veteran, name war Unknown 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sue 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 23 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 21 hr. min.

9. Birthplace Clinton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Owner

11. Industry or business _____

12. Name William Chaney

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sammie Hoskins

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Emory Chaney
(b) Address Wright City, Mo.

17. (a) Removal (b) Date thereof 6-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Ky.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 14 1940 (b) A. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1940 hour 2 minutes 35 A.M.

21. I hereby certify that I attended the deceased from 6-5-1940 to 6-14-1940
that I last saw him alive on 6-13-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 days

Due to Hypertensive Cardis -
Vascular Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95/12 PHYSICIAN
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Carl J. Meyer (M. D. or other) 11
Address 3624 Washington Date signed 6-14-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2971

P. O. Address _____

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 this body is not embalmed, above space should be left blank.