

Registration District No. 784

Primary Registration District No. 2nd

1. PLACE OF DEATH:

(a) County 9915 St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9915 S. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community lmo 4da  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9915 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Charles Victor Chaney

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 11 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 4 hr. min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Jess Chaney

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Donovan

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

16. (a) Informant Jess Chaney

(b) Address 9915 S. Broadway

17. (a) burial (b) Date thereof Dec. 17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemerery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 15 1942 (b) G. Mc Dermott  
(Date received local record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Nov 11, 1942, to Dec 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Congenital debility Duration indefinite

Due to.....  
Due to..... 158

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

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?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature Waldor Hill (M. D. or other)  
Address Lemay R. 8 mo Date signed 12/16/42

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

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**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

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**