

No. 2
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5-17-39
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FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10656**
Registrar's No. **2640**

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **ST LOUIS**
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3807 RUSSELL BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **MARY ELIZABETH CHANEY**
(b) If veteran, name war _____ (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ (Year)
7. Birth date of deceased **2 - 28 - 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **RED OAK** **IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **O'SCAR F HARTLEY**

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

14. Maiden name **MARTHA GROVER**

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

16. (a) Informant **Mildred M Chaney**
(b) Address **3807 Russell Blvd**

17. (a) **BURIAL** (b) Date thereof **MAR 13 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE CEMETERY**

18. (a) Signature of funeral director **Wm J Robert L + G Co**
(b) Address **1905 S Grand Blvd**

19. (a) **MAR 13 1947** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST LOUIS**
(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3807 RUSSELL BLVD**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **10**
year **1947** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Mar - 1**
21 1947 to **Mar 10** 1947
that I last saw her alive on **Mar 10** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration **1 1/2 hr.**

Due to **arteriosclerosis general & Hypertension** **2**
3-4 yrs.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

(c) 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 **B.H. Berschel sub** (M. D. or other) _____
Address **3159 S Grand** Date signed **Mar 16 1947**

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.....

Rex Campbell

Licensed Embalmer No. *3881*

P. O. Address..... *St Louis Mo.*

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.