

FILED APR 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2102

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution CHRISTIAN HOSPITAL
(d) Length of stay: In hospital or institution 3 WEEKS
In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County and
(c) City or town ST. LOUIS 17
(d) Street No. 5612 A MAPLE 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WINNIE M. CHASTEEN

3. (b) If veteran, name war. — 3. (c) Social Security No. 487-14-0313

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GESSE CHASTEEN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. AUG-20-1887

8. AGE: Years 59 Months 7 Days 9 If less than one day hr. min.

9. Birthplace BLOOMFIELD - MO

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name BEN SOUTHERLAND

13. Birthplace UNKNOWN MO O

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9

16. (a) Informant Carl Chasteen

(b) Address Deffen, Mo. H-1-47

17. (a) BURIAL (b) Date thereof 3-31-47

(c) Place: burial or cremation DEXTER - MO

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) MAR 31 1947 (b) J. F. Briedeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1947 hour 11 minute 40 M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Penetrating 2 Bore Wadshotgun Wound hospitalized for the result of a fall on the step in front of her home at 5612 Maple Ave on Dec 31, 1946

Other conditions: 180 (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 38

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident (b) Date of occurrence Mar 31, 1947 (c) Where did injury occur? at home (d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

While at work (Specify type of place) (e) Means of injury 6 down 3
23. Signature of Physician: J. F. Briedeck (M. D. or other) Date signed 3/31/47

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.....

J. Allen Davis Jr
.....
Licensed Embalmer No. *4053*
.....

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

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.