

No. 2
12-45
17-39
X47070

FILED JUN 14 1947

1003

Registration District No. _____

Primary Registration District No. _____

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: Missouri-Pacific 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 070
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1956a Sidney Street. 9
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLYDE CHADWELL

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 Married

6. (b) Name of husband or wife Ida Chadwell 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 19-1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>1</u>	<u>18</u>	hr. min.

9. Birthplace Harrisburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation RR Switchman

11. Industry or business _____

12. Name Harry Chadwell

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

14. Maiden name Della Price

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

16. (a) Informant Mrs Ida Chadwell

(b) Address 1956a Sidney Street

17. (a) Burial (b) Date thereof June 10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Moydell

(b) Address 1926 Allen Avenue

19. (a) JUN 9 1947 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1947 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage following laceration of left lung; 2. Fracture of Pelvis; when he slipped while grabbing for a grabrail on the lead car on a string of cars he was working on, and fell; The Diesel engine pulling said cars being operated by Clarence Freeman and Thomas Patrick Powell, around 11:25 P.M. June 6, 1947,

Other conditions _____
Major findings: at 2nd & Pestalozzi.
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) Accident

(b) Date of occurrence June 6th, 1947

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place

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

23. Signature Thomas J. Callahan M.D. or other _____

Address Coron Date signed 6-7-47

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.....

Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Benj. C. Duncan
.....
Licensed Embalmer No. **2272**

P. O. Address. **1926 Allen Avenue**

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.