

V. S. No. 300
 FORM-10-47
 Rev. 5-17-39
 I 3906

FEDERAL BUREAU OF INVESTIGATION
 National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33999
 State File No. **8793**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Convalescent Home 4360 Beethoven
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4** (Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis 96**
 (c) City or town **La. Mo.** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **436 Hoffmeister ave.** **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME. SARAH CHANEY
 3. (b) If veteran, name war **no** 3. (c) Social Security No. _____
 4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **John D. Chaney** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **December 10 1864**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **8**
 year **1948** hour **2** 50 min. **P.** M.
21. I hereby certify that I attended the deceased from April 17, 1948, until September 8, 1948, and that death occurred on the date and hour stated above.
 I last saw her alive on **October 10, 1948**
 Immediate cause of death **Chronic Myocarditis**
 Duration **1 yr**

8. AGE: Years **83** Months **9** Days **28** If less than one day _____ hr. _____ min.
9. Birthplace. St. Charles Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation. Housewife

Due to **Chronic Myocarditis**
 Due to _____
 Other conditions **7/2**
(Include pregnancy within 3 months of death)

11. Industry or business.
12. Name. Frederich Heye
13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name. Louisa Felter
15. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant. Mrs. Anna Karst
(b) Address. 5826 Janet ave.
17. (a) Burial, cremation, or removal. Bu rial (b) Date thereof **Oct. 11, 1948**
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation. St. Trinity Cem.
18. (a) Signature of funeral director. C. Hoffmeister U. & L. Co.
(b) Address. 7814 S. Broadway
19. (a) OCT 11 1948 (b) **J. B. Basater**
(Date received local registrar) (Registrar's signature)

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. J. B. Basater (M. D. or other) **10/8/48**
Address. 4124 S. Broadway Date signed _____

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

MOTHER, FATHER

8794
1628

Doctor Walter Rohlfing
4724 Gravois
Friday 6:30 'till 8:30 P.M.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 2814 8 Broadway

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.