

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28122
7114
Registrar's No.

FILED AUG 25 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 16 Days		d. STREET ADDRESS (If rural, give location) 3916 Folsom	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnard Free Skin & Cancer Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) E c. (Last) Chadeayne		4. DATE OF DEATH (Month) (Day) (Year) 8 7 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-19-1890
9. AGE (In years last birthday) 60		10. MONTHS 10	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME George Chadeayne	13b. MOTHER'S MAIDEN NAME Josephine Garney	14. NAME OF HUSBAND OR WIFE Josephine Chadeayne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Josephine Chadeayne
		ADDRESS 3916 Folsom Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage and shock.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, arising rise to the above cause (a) adding the underlying cause last. Squamous cell carcinoma of tongue with metastases to right cervical glands		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6/26/51	19b. MAJOR FINDINGS OF OPERATION Carcinoma of right side of tongue + palpable cervical lymph nodes		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 141X	

22. I hereby certify that I attended the deceased from July 1, 1951, to 8/7, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE James G. Triggs M.D.	23b. ADDRESS Barnard Hosp. - St. Louis, Mo.	23c. DATE SIGNED 8-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town or county) (State) St. Louis County, Mo.
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DATE RECD. BY LOCAL REG. 1951	REGISTRAR'S SIGNATURE J. Earl Smith	5. FUNERAL DIRECTOR'S SIGNATURE W. Laughlin	2301 Lafayette
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 9 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.