

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15070

FILED APR 25 1952
BIRTH NO. 16970 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 840

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2229</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>912 HICKORY 1ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u> b. (Middle) <u>LEE</u> c. (Last) <u>CHAUVERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 10 1952</u>
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months <u>12</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY BOY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>CARROLL CHAUVERS</u>		13b. MOTHER'S MAIDEN NAME <u>RUBY FLOYD</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>CARROLL CHAUVERS 912 HICKORY ST.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-8-52</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital destruction in jejunum.</u> 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 <u>3-28-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>7562</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>March 10, 1952</u> , to <u>March 28, 1952</u> , that I last saw the deceased alive on <u>March 28, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chester P. Spurgeon M.D.</u>		23b. ADDRESS <u>3-211 S. Grand Ave.</u>	23c. DATE SIGNED <u>3-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARME CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PARME MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. N. Bocklage 6536 Clayton St.</u>

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Not Embalmed*
attribution
Licensed Embalmer No.

P. O. Address.....

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

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