

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36245

State File No. \_\_\_\_\_  
Registrar's No. 9653

318

1003

FILED NOV 14 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9653</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		4567		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7811 Murdock</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>GARRISON</u> c. (Last) <u>CHEW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-29-1874</u>		9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Month _____ Day _____	11. UNDER 100 Hrs. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ely-Walker Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Chew</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Chew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-07-5585</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs I Wolff 7811 Murdock</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Arteriosclerotic CV Disease</u> yrs DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus &amp; Diabetic gangrene R. leg</u> yrs					INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>  <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Amputation left leg (Lower 1/3 thigh) 10/14/52</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>260X</u>				
22. I hereby certify that I attended the deceased from <u>1/6</u> , 19 <u>48</u> , to <u>10/18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/18</u> , 19 <u>52</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John King MD</u>				23b. ADDRESS <u>689 E. Webster Groves, Mo</u>		23c. DATE SIGNED <u>10/20/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-21-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 2 0 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Aldrich F. Home Webster Groves Mo.</u>				

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leslie Welch* \_\_\_\_\_

Licensed Embalmer No. *4395* \_\_\_\_\_

P. O. Address *Whiter Grove M* \_\_\_\_\_

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.