

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34328**
Registrar's No. **9416**

FILED OCT 15 1953

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		a. STATE <i>Missouri</i> b. COUNTY <i>2217</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3113 Pine</i>		e. STREET ADDRESS <i>21 3113 Pine</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) <i>Mary</i> b. (Middle) <i>Williams</i> c. (Last)		4. DATE OF DEATH <i>Sept. 29-53</i>	
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5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 6, 1882</i>	9. AGE (In years, if under 1 year; last birth; if over 1 year, Months, Days, Hours, Mins.)	
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10a. USUAL OCCUPATION (Other kind of work during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Charles County Mo</i>	
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13a. FATHER'S NAME <i>Joseph Chandler</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ellen Jones</i>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Sweetie Hill</i> ADDRESS <i>3133 Pine</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Chronic Myocarditis</i>					
		DUE TO (c) <i>Arterio Sclerosis</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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? <i>4221</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *10:41 P.M.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Satuck E. Taylor, Coroner</i> (Degree or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>9-30-53</i>	
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24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>Oct. 1, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkdale</i>		24d. LOCATION (City, town, or county) (State) <i>Le Mars Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>SEP 30 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Dooche</i> ADDRESS <i>12217 Grand</i>	
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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.....
Signature of Student Embalmer

Signed.....
Guyton Swan

Licensed Embalmer No. 458

P. O. Address 1221 W 9th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.