

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28819
7571

State File No.

Registrar's No.

FILED SEP 2 1954

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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 11 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 3820 Berger	

3. NAME OF DECEASED (Type or Print) Arlene (Lynne) Chilcote			4. DATE OF DEATH (Month) (Day) (Year) August 15, 1954		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		8. DATE OF BIRTH April 1, 1908	
11. BIRTHPLACE (City and State or Foreign Country) Texarkana, Texas		9. AGE (In years last birthday) 46		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Chilcote		13b. MOTHER'S MAIDEN NAME Murmon Matheny		14. NAME OF HUSBAND OR WIFE Georgiana Chilcote	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgiana Chilcote, 3820 Berger	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rt. lumbar Sympathectomy DUE TO (c) occlusion Rt. popliteal artery II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. intend myocardial infarction Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 hour 10 days 3 mos. Nov. 1953 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) 180X	
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?	

22. I hereby certify that I attended the deceased from July, 1952, to 8-15, 1954, that I last saw the deceased alive on 8-15, 1954, and that death occurred at 4:10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur K. Trinkel M.D.		23b. ADDRESS 1850. Kingshwa		23c. DATE SIGNED 8-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 18, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. AUG 16 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary, Chippewa.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Friskel
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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 *James C. Hoffmann*.....

Licensed Embalmer No. 3871

P. O. Address 78148B

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.