

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1964</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY OR TOWN <u>LADUE</u>		c. LENGTH OF STAY (in this place) <u>60 DAYS</u>		c. CITY OR TOWN <u>ST LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>5290 WATERMAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#930 LADUE RD</u>				d. STREET ADDRESS (If rural, give location) <u>5290 WATERMAN</u>			
3. NAME OF DECEASED (Type or Print) <u>William PERRY CHRISLER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 14 1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESIDENT AEOLIAN Co., MO</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUSICAL INSTRUMENTS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COOPERSTOWN NEW YORK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>WILLIAM J CHRISLER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA TANNER</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA SHIEL CHRISLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-01-0862</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM P CHRISLER JR #7 MAGNOLIA DR</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>Cerebro-Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myofibrillar Cardio-Vascular Di</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 _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>Aug 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>54</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph P. Collette Jr M.D.</u>		23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>Aug 13, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>INDIANAPOLIS IND</u>	
DATE REC'D BY LOCAL REG. <u>8-13-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARY 889 S BRENTWOOD BLVD</u>		CLAYTON	

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.