

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31692

State File No. 7736
Registrar's No.

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3223a Texas Ave.		e. STREET ADDRESS (If rural, give location) 24 3223a Texas Ave. 224/10	

3. NAME OF DECEASED (Type or Print) MARY L. CHANCELLOR		4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Trenton, New Jersey
13a. FATHER'S NAME Unknown Runkle		13b. MOTHER'S MAIDEN NAME Hannah Unknown	14. NAME OF HUSBAND OR WIFE Charles Chancellor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Chancellor-3223a Texas Ave.	
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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		INTERVAL BETWEEN ONSET AND DEATH ONE HOUR
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		ANTECEDENT CAUSES		5 YEARS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CORONARY SCLEROSIS		5 YEARS
		DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED		2 YEARS
II. OTHER SIGNIFICANT CONDITIONS		AURICULAR FIBRILLATION		
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"/>	

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 4201

22. I hereby certify that I attended the deceased from JUNE 20, 1954, to AUG. 19, 1954, that I last saw the deceased alive on AUG. 19, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert G. Hall (Degree or title) MD.	23b. ADDRESS 3902 LAFAYETTE ST. LOUIS, Mo.	23c. DATE SIGNED Aug. 20, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-23-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OFF. AUG 20 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS kriegshauser-4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stevenson*.....

Licensed Embalmer No. *4002*

P. O. Address

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.