

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31485

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **77772**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **St. Louis, Mo.**)  
c. LENGTH OF STAY (in this place) **30 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **D.O.A. Naval Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.**  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED (Type or Print)  
a. (First) **Collier**  
b. (Middle) **-**  
c. (Last) **Chinall**  
4. DATE OF DEATH (Month) **8** (Day) **31** (Year) **1955**  
5. SEX **Male**  
6. COLOR OR RACE **Negro**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower**  
8. DATE OF BIRTH **Sept. 7, 1887**  
9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months **9** Days **24** IF UNDER 24 HRS. Hours **24** Min. \_\_\_\_\_  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Train-man**  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) **Hazen, Arkansas**  
12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Collier Chinall**  
13b. MOTHER'S MAIDEN NAME **Martha Jones**  
14. NAME OF HUSBAND OR WIFE **Deceased**  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **Yes** (If yes, give war or dates of service) **World War I**  
16. SOCIAL SECURITY NO. **491-16-5392**  
17. INFORMANT'S SIGNATURE OR NAME **Mabel McDonald** ADDRESS **2508 Bacon St.**

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, asthenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **1. Pulmonary Edema and Congestion**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **2. Cardiac Hypertrophy**  
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 **434.2**  
20. AUTOPSY? YES  NO   
21a. ACCIDENT (Specify) **A SUICIDE**  
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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 \_\_\_\_\_ m., from the causes and on the date stated above.  
23a. SIGNATURE **Mabel McDonald**  
23b. ADDRESS **1300 Clark**  
23c. DATE SIGNED **9/6/55**  
24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**  
24b. DATE **9-7-1955**  
24c. NAME OF CEMETERY OR CREMATORY **Jefferson Barracks**  
24d. LOCATION (City, town, or county) **St. Louis County, Mo.** (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. **SEP 6 1955**  
REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.**  
25. FUNERAL DIRECTOR'S SIGNATURE **M. J. B.** ADDRESS **Peoples Und. Co. 3100 Franklin Av.**  
(Licensed Embalmer's Statement on Reverse Side)

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 *W. Claude Jordan*

Licensed Embalmer No. *34*

P. O. Address *4575 A*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.