

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

V3 JAN 16 1961

125-61-002938

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Mo. b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5155 Dresden Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS DAVISON CHIBNALL			4. DATE OF DEATH Month Day Year Jan. 3 1961								
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-18-1958		9. AGE (last birthday) 2		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Richard H. Chibnall				13b. MOTHER'S MAIDEN NAME Mary Ann Davison				14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Richard H. Chibnall 5155 Dresden Ave. Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial failure</i> DUE TO (b) <i>Increased intracranial pressure</i> DUE TO (c) <i>Brain tumor</i>										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>3 April 1960</i> to <i>3 Jan. 1961</i> and last saw her/him alive on <i>3 Jan. 1961</i> Death occurred at <i>10:05 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Francis S. Walker M.D.</i> (Degree or title)						22b. ADDRESS <i>4161 LINDELL</i>			22c. DATE SIGNED <i>1-5-61</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Jan. 6, 1961		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR Kriegshausner 4228 S. Kingshighway Blvd.					25. DATE RECD. BY LOCAL REG. JAN 5 1961		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>				

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
1/14/61
BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 William B White

Licensed Embalmer No. 429

P. O. Address 4228 Astor Highway

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.