

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040095

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10072**

FILED OCT 29 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **29 days**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Mo. Pacific Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **1139 Chouteau Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
WINGATE CHUNN **October 20, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/8/98** 9. AGE (last birthday) **64** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Mo. Pacific R.R.** 11. BIRTHPLACE (City and state or country) **Luverne, Minn.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Mark Chum** 13b. MOTHER'S MAIDEN NAME **Ida Johns** 14. NAME OF HUSBAND OR WIFE **Bertha Chum**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes W.W.I.** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Mrs. Bertha Chunn, 1139 Chouteau, St. Louis**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Broncho-pneumonia**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Carcinoma - lungum - with metastases -**
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **152.7**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **18 oct 1962** to **20 october/62** and last saw him alive on **oct 19-1962**
 Death occurred at **4:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Edward J. Jordan M.D.** 22b. ADDRESS **1504 South Grand Blvd** 22c. DATE SIGNED **20-oct-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10/22/62** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Louis H. Bopp, Inc., Kirkwood, Mo.** 25. DATE RECD. BY LOCAL REG. **OCT 22 1962** 26. REGISTRAR'S SIGNATURE **Loal Smith, M.D.**

VS 300 Rev. 4/59
 1
 2 **2/8**
 3
 4 **0**
 5 **1**
 6
 7 **1**
 8 **2**
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 10
 11
 12 **12-9-0**
 13

DATE AMENDED
 2-
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 J. Stone Jr.

Licensed Embalmer No. 4800

P. O. Address Kipwood, Mo.

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.