

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24169

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6587

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4130 Hartford St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME John M. Chesney3. (b) If veteran,
name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife.....
Ida 6. (c) Age of husband or wife if
alive 67 years7. Birth date of deceased Aug. 31 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 10 23 hr. min.9. Birthplace Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Meter Repair Man11. Industry or business Laclede Gas Co.12. Name John Chesney
13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Margaret Johnston15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Ida Chesney(b) Address 4130 Hartford St.17. (a) Burial (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Kriegshauser Und Co.(b) Address 4228 So. Kingshighway Bl.19. (a) JUL 26 1948 (b) J. F. [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4130 Hartford St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 3:00 minute P. M.21. I hereby certify that I attended the deceased from
7/16 1948 to 7/24 1948
that I last saw him alive on 7/24 1948
and that death occurred on the date and hour stated above.Immediate cause of death Glomerular Nephritis
Duration many months

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....While at work..... (Specify type of place)
(c) Means of injury.....23. Signature J. Moskap M.D. (M. D. number) 17Address 3554 VICTOR ST. Date signed 7/26/48

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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 this body is not embalmed, fact should be so stated above.