

FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011462

STATE FILE NUMBER 3063

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Williamson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>HERRIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Length of stay in lb <u>9 DAYS</u>	d. STREET ADDRESS <u>604 S 12th</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Irvin</u> Last <u>Chester</u>				4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV 27 - 1891</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINES</u>	11. BIRTHPLACE (City and state or country) <u>CARTERSVILLE Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>HARDIN CHESTER</u>				14. MOTHER'S MAIDEN NAME <u>LUCY IRVIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>328-05-8956</u>		17. INFORMANT Address <u>MAE CHESTER 604 S 12th</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of the left middle cerebral artery</u> <u>HEARD</u> ONSET AND DEATH <u>3 days</u> DUE TO (b) <u>Hypertension and</u> <u>5 yrs.</u> DUE TO (c) <u>Arteriosclerotic occlusion of left carotid artery</u> <u>old</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>332x</u>							
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 <u>11:30</u> Month <u>3</u> Day <u>7</u> Year <u>1958</u> a. m. p. m.							
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 <u>MAPLEWOOD</u>		COUNTY <u>ILLINOIS</u>	STATE <u>ILLINOIS</u>
21. I attended the deceased from <u>3/7/58</u> to <u>3/16/58</u> and last saw ^{her} him alive on <u>3/16/58</u> Death occurred at <u>11:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>F.R. Bradley</u> (Degree or title) <u>F.R. Bradley</u>				22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>3/16/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Removal</u>	<u>MAR 17 1958</u>	<u>MAPLEWOOD</u>		<u>MAPLEWOOD ILLINOIS</u>			
24. FUNERAL DIRECTOR <u>Shw a Gouoski</u> <u>Card-Louis</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>MAR 17 58</u>		26. REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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 Not Embalmed Student Embalmer No. _____
working under my personal supervision...

Student _____
Signature of Student Embalmer

Signed John A. Agonishi
Licensed Embalmer No. 33

P. O. Address _____

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