

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Masonice Home**)

File No. **29060**

Registered No. **8046**

St. _____ Ward)

2. FULL NAME **Solomon Chett**

(a) Residence. No. **5351 Delmar** St., **12** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **husband of Laura Chett**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **3-31-1851**

7. AGE YEARS **76** MONTHS **5** DAYS **26** If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Retired (news paper man)**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Gurnsey - Britap Chand**
(STATE OR COUNTRY) **England**

10. NAME OF FATHER **Solomon Chett**

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) **England**

12. MAIDEN NAME OF MOTHER **Elizabeth Crossland**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) **England**

14. INFORMANT **Hilmoth Haller**
(Address) **5351 Delmar**

15. FILED **22 1927** **Mano Starkloff** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 27 1927**

17. I HEREBY CERTIFY, That I attended deceased from **May 31, 1927**, to **Sept 26, 1927**, that I last saw **him** alive on **Sept 26, 1927**, and that death occurred, on the date stated above, at **7:01 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis
97 (duration)..... yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **915** (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **D. J. Rice**, M. D.

9/27, 19**27** (Address) **Liter Bldg**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla Cemetery** DATE OF BURIAL **Sep. 29 1927**

20. UNDERTAKER **W. E. Cobb** ADDRESS **2115 California**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

