

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

Do not use this space.

10556

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. 5730 Northland) St. Ward 6

File No.
 Registered No. 2620

2. FULL NAME Thomas W. Chilson
 (a) Residence, No. 5730 Northland ... 6 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25th 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo. 1</u>				
FATHER	13. NAME <u>Wm. T. Chilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Barbara Heindel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florida 2</u>			
17. INFORMANT <u>Wm. T. Chilson</u> (ADDRESS) <u>5730 Northland</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Calvary</u>		DATE <u>3/19/32</u>		
19. UNDERTAKER <u>Funeral Home, Memo. Und. Co.</u> (ADDRESS) <u>Funeral Home, 1000 Washington</u>				
20. FILED <u>Wm. C. Stanley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from week 1st 1932 to week 17th 1932.
 I last saw him alive on week 17th 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Conspicuous Heart Disease
Arterio-sclerosis
 Other contributory causes of importance:
1570 / 15 / 10

Date of onset _____

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ **Date of injury** _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Jules H. Brady M. D.
 (Address) 1467 Union Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

