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.

JAN 5 1933

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

Do not use this space.

37002

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME George H. Chester
(a) Residence, No. 1104 Yale St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-1904

7. AGE: YEARS 27 — MONTHS 11 — DAYS ~~30~~ 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 206M
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) 1930 July
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME George J. Chester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

MOTHER
15. MAIDEN NAME Catherine Ernzen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) George J. Chester 1104 Yale Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 11-28 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 S. Kingshighway Blvd.

20. FILED Nov. 28 1932 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Collision between private automobile and driven by deceased & Mo. Pacific freight [illegible] Unavoidable Accident	11/24/32
Other contributory causes of importance: Fractured skull, Cod. fracture, rt. femur	20

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 11/24/32
Where did injury occur? Mega Kirkwood, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. Public place
Manner of injury Auto Accident
Nature of injury Fract. skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) [illegible], M. D.
(Address) Coroner of St. Louis County.