

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.

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

Do not use this space.

APR 29 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4741**, **Greer**)

File No. **14267**
 Registered No. **3077**
 St. Ward)

2. FULL NAME

(a) Residence, No. **4741 Greer** St., **10** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **15** yrs. **6** mos. **6** ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

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 Mrs. Kate Chesley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1859		
7. AGE 75	YEARS 5	MONTHS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman		IF LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Plant		
10. Date deceased last worked at this occupation (month and year) Jan. 1, 1935		11. Total time (years) spent in this occupation 12
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Richard E. Chesley		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
15. MAIDEN NAME M. Cullough		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
17. INFORMANT (ADDRESS) Robert S. Chesley 4892 Lee St. Louis		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pond Mo. DATE Mar. 4 1935		
19. UNDERTAKER (ADDRESS) Morgan Muschany Hamburg Mo		
20. FILED APR - 3 1935 J. J. Meredith Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from **March 6**, 1935, to **April 1st**, 1935
 I last saw him alive on **April 1st**, 1935. Death is said to have occurred on the date stated above, at **11:30** P.m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis Acute Date of onset **9/20**
Sclerosis Arterial
Myocardial Regeneration
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? **Chemical** Was there an autopsy? **No**
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** 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? **No**
 If so, specify.....
 (Signed) **F. J. Meredith**, M. D.
 (Address) **1209 N. Kingshighway**

12