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.

APR 9 1937

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 File No. 10841

Township ..... Primary Registration District No. 1003 Registered No. 3415

City St. Louis (No. En Route to City Hospital #1 St. ..... Ward)

2. FULL NAME Charles W. McChesney

(a) Residence, No. 11 N. 6th. St. St., 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia McChesney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1884

7. AGE: abt. YEARS 53 MONTHS – DAYS – If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Pennsylvania

FATHER

13. NAME Charles McChesney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Kernan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Edward Meder 8651 Delano St. L. County

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE March 31 1937

19. UNDERTAKER (ADDRESS) Peetz Brothers 3029 Lafayette Ave.

20. FILED MAR 29 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendence

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1937. 19

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 5 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Fracture of skull suffered when he fell on sidewalk in front of #15 N. 6th St. on March 28, 1937 at about 4.32 P.M.

Date of onset

Other contributory causes of importance:

Accident

186a

Name of operation ..... 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? Accident Date of injury March 28, 1937

Where did injury occur? St. Louis - 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 Fell to sidewalk

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Joseph M. Lunn, M.D.

(Address) Deputy Coroner