APR 27 1937

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

Do not use this space.

File No. 13611
Registered No. 73

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123
Township: Carondelet — Primary Registration District No. 6248 B
City: Jefferson Barracks (No. ..... St. ..... Ward)

2. FULL NAME Baron G. CHESTNUT

(a) Residence, No. 4 North Kingshighway St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Frances Chestnut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 31, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	9	11	

OCCUPATION

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

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): Elkton, Kentucky

FATHER

13. NAME: James Chestnut

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Kentucky

MOTHER

15. MAIDEN NAME: Nora Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Kentucky

17. INFORMANT: M. Schiller Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks Feb 17th 37

19. UNDERTAKER: Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Ve

20. FILED Feb. 15 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 14, 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 6, 19 37, to February 14, 19 37

I last saw him alive on February 14, 19 37. Death is said to have occurred on the date stated above, at 1:05 A.m.

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

	Date of onset
Sclerosis of aorta with rupture into pericardial sac.	Unkn.

Other contributory causes of importance:

Coronary artery and marked myofibrosis.	Unkn.

Name of operation: None Date of:
What test confirmed diagnosis? Physical, clinical manifestations, laboratory. Was there an autopsy? Yes.

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) C. W. HUGHES, Chief Medical Officer, M. D.
(Address) Jefferson Barracks, Mo.

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.