

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

CERTIFICATE OF DEATH

32603
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
 (a) County Registration District No.
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 2601 N Whittier Registered No. 8657
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jenny Chester
 (a) Residence, No. 2319a Franklin St. 27
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip Chester
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1865
 7. AGE YEARS 35 MONTHS 72 DAYS 8 If LESS than 1 day, hrs. or min. 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) About 1929 11. Total time (years) spent in this occupation Abt. 50
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 MOTHER 15. MAIDEN NAME Lucy (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Missouri DATE September 16, 1937
 19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe
429 N. Euclid Avenue
 20. SEP 15 1937 J. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1937
 22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937, to Sept. 14, 1937.
 I last saw her alive on Sept. 14, 1937. Death is said to have occurred on the date stated above, at 3:38 m. a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
 Date of onset 8/31/37
82N
 Yrs
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? clinical. Was there an autopsy? no.
 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) E. L. Lewis, M. D.
 (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)