

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 895

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1529 Angelrodt. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limit write "RURAL")
 (d) Street No. 1529 Angelrodt
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME EDWARD J. CHESNICK 252
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 6th 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 10 23 hr. _____ min.

9. Birthplace St. Louis
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business not employed in last 5 years

MOTHER FATHER
 { 12. Name Frank Chesnick
 { 13. Birthplace Germany
 { 14. Maiden name Mary K. Michalski
 { 15. Birthplace Michigan
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Chesnick
 (b) Address 1529 Angelrodt St.

17. (a) burial (b) Date thereof 1-31-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Tsch
 (b) Address 3516 No. 14th St.

19. (a) JAN 30 1940 (b) J. J. Chesnick
 (Date received local registrar) (Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN day 29 TH
 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 26
1940, to Jan 28, 1940
 that I last saw him alive on Jan 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to _____
 Due to _____

Other conditions MI
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury 1

28. Signature A. J. Chesnick (M. D. or other)
 Address 3403 NIX Date signed 1/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *1591*

P. O. Address *4106^e Botivical*

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.)

If this body is not embalmed, above space should be left blank.