

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Edna McChesney **225**
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife CLYDE McCHESNEY
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEBRUARY 9 1871
 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWORK

11. Industry or business _____

MOTHER FATHER
 { 12. Name Thomas J. BARKER
 { 13. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)
 { 14. Maiden name MARY
 { 15. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant Earl McChesney
 (b) Address 2208 S. 9th St.
 17. (a) BURIAL (b) Date thereof MAY 7 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director E. J. Schurr
 (b) Address 3125 Lafayette Av.

19. (a) MAY 7 1940 (b) _____
 (Date received local registrar) (City or town)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS **23**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2208 S. 9th ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1940 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 30, 1940, to May 4, 1940;

that I last saw him alive on May 4, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

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?

23. Signature John F. Flynn (M.D. or other) _____
 Address 151 Lafayette Date signed 5/6/40

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.....

Joseph B. Hollman

Licensed Embalmer No. 4014

P. O. Address 7125 Lafayette Ave

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.