

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36431.

Registration District No. 784

Primary Registration District No. 200

State File No. _____

Registrar's No. 1881

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8248 Albin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community 7 yrs.

3. (a) PRINT FULL NAME Mary Chesnick

3. (b) If veteran, name war ---
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Chesnick
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 7th 1873.
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 27
If less than one day hr. min.

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

10. Usual occupation Housework
11. Industry or business at home.

12. Name Anthony Jasinski

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Don't know.
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Wallace
(b) Address 8248 Albin Ave.

17. (a) Burial. (b) Date thereof Oct. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Brockland
(b) Address 1827 Hogan St.

19. (a) OCT - 5 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Vinita Park
(If outside city or town limit, write "RURAL")
(d) Street No. 8248 Albin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Fifty years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4, 1940
year 6 hour 00 minute P. M.

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

Immediate cause of death: Acute heart failure.
Probably coronary occlusion

Due to Psychosis & General malnutrition.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94 B

Of autopsy

22. If death was due to external causes, fill in the following: None

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) Means of injury MD-1

23. Signature Paul R. Philmer (M. D. or other) MD-1
Address 8423 Midland Date signed 10-4-40

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.