

REC'D NOV 6 1942

Registration District No.

Primary Registration District No.

Registrar's No.

8853

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 97 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 W. Hurck Street. 01  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

IDA CHESLER.

MEDICAL CERTIFICATION

3. (b) If veteran, name war  
3. (c) Social Security No.

20. DATE OF DEATH: Month Oct. day 24th  
year 1942 hour 8 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from  
....., 19....., to ..... 19.....;  
that I last saw h..... alive on ..... 19.....;  
and that death occurred on the date and hour stated above.

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

7. Birth date of deceased November 12, 1863.  
(Month) (Day) (Year)

Immediate cause of death

8. AGE: Years Months Days If less than one day  
78 11 12 hr. min.

Fracture of skull Fracture of Ribs  
Internal hemorrhage when  
she jumped from a 11th floor  
window of the City Base  
Duct to Impact time unknown  
10/24/42

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

10. Usual occupation At home

11. Industry or business

12. Name Dont know

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

14. Maiden name Dont know

15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Robert Chesler

(b) Address Le May, Mo.,

17. (a) Burial (b) Date thereof 10/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Helken-Benz Mortuary

(b) Address 2842 Meramec Street

19. (a) 1942 (b) J. J. Bardsch  
(Date received local registrar) (Registrar's signature)

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) Suicide

(b) Date of occurrence 10/24/42

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Base #1  
(Specify type of place)

While at work? Wiped Perry 3  
Means of injury

23. Signature Wiped Perry (M. D. or other)

Address Wiped Perry Date signed 10/24/42

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

MOTHER FATHER

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe D Benz

Licensed Embalmer No. 4249

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, fact should be so stated above.**