

FILED JAN 14 1943

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1108

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
En Route to City Hospital #1 3
(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 000
1224

(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")

(d) Street No. 2910 Indiana Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT - FULL NAME James W. Chestnutt

3. (b) If veteran, name war *****

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

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

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

7. Birth date of deceased October 10 1889
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>17</u>	hr. min.

Internal Hemorrhage from stab wound of chest and heart inflicted by a paring knife in the hands of one Viola Chestnutt in the home at 2910 Indiana Ave about 1:30 o'clock A.M. December 27th 1942

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

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

10. Usual occupation Collector

11. Industry or business National Furniture Co

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William D. Chestnutt

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

14. Maiden name Elizabeth Hawkshaw

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence December 27th 1943

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home (Specify type of place)

While at work? No (Specify type of place) Means of injury Stab Wound

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 1/14/43

16. (a) Informant Maxine Martin
(b) Address Versailles Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Illinois

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 31 1942 (Date received local registrar) J. F. Bueck (Registrar's signature)

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 Francis Owen

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

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.