

Registration District No. 317 Primary Registration District No. 3664

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 429 S. Dade
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER J. CHESNEY

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

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

(b) Name of husband or wife Dorothy Meinz Chesney 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January 5 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business Trucking

12. Name Thomas Chesney

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

14. Maiden name Frances Murawski

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

16. (a) Informant Dorothy Chesney

(b) Address 429 S. Dade

17. (a) Burial (b) Date thereof 12/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) 12-5-46 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 429 S. Dade
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Death without medical attendance to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No autopsy

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? _____

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

Signature Ruth J. Allen M.D. (M. D. or other) _____
Address 601 Brentwood Blvd. Date signed 12/5/46

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

76
6
2

AUG 7 1951

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 *Ben C. Hoffman*

Licensed Embalmer No. *4366*

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.