o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1947 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35593 5845

Registration District No. ..... Primary Registration District No. 4003 Registrar's No. .....

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 14 96

(c) City or town ..... (If outside city or town limits, write "RURAL") 6

(d) Street No. 9819 St. Charles Lane (If rural, give location) 0

N R

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME William G. Cheswick

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

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Florence Cheswick

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April (Month) 13 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	8	min.

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

10. Usual occupation Mechanic

11. Industry or business McDonnell Aircraft

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Florence Cheswick

(b) Address 9819 St. Charles Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) OCT 24 1947 (Date received local registrar) (b) J. T. Bratcek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1947 hour 3. minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 14, 1947, to Oct 21, 1947 that I last saw him alive on Oct 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolus in right Auricle and Ventricle of heart.	10 min.
Due to Thrombosis of Femoral Vein - left side	1 wk.
Due to	
Other conditions (Include pregnancy within 3 months of death) Hydrocele rt side	6 yrs.

Major findings:
Of operations Hydrocele repaired under local anesthesia.
Of autopsy Embolus in rt. Auricle & Ventricle, Thrombosis left Femoral Vein.

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature M. D. Johnson (M. D. or other) M.D.

Address Farmington Mo Date signed 10-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Ralph C. Linder.....

Licensed Embalmer No.....4275.....

P. O. Address.....St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.