

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 28 1948

Registration District No. 1318Primary Registration District No. 1003Registrar's No. 7261

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital- Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
 (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Juliena Chesney

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

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 21 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 26 hr. min. 4

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Kubas 4
 13. Birthplace Poland (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Poland (City, town, or county) (State or foreign country) 11

16. (a) Informant Mrs. Loretta Slanski(b) Address 1522a N. 10th St.

17. (a) Burial (b) Date thereof 8/20/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Central Und. Co.(b) Address 1841 Cass Ave.

19. (a) AUG 19 1948 (b) J. F. Bredich
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 1514 N. 19th St. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
 year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-2-48
, 19....., to 8-17-48, 19.....;
 that I last saw her alive on 8-17-48, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial Infarction 3 whr

Due to Coronary Thrombosis 3 whr

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations.....

Of 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.....

23. Signature J. H. Harden (M. D. or other) M.D.
 Address 1515 Lafayette Avenue Date signed 8-17-

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

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.