

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 28 1948  
318

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH  
1003

279777  
State File No. 7306  
Registrar's No.

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5861 Cates Avenue-Bernard Nursing Home  
(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

3. (a) PRINT FULL NAME ANITA GLASGOW McCHESNEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife William S. McChesney  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 20 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86. 7. 29. hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William Henry Glasgow  
13. Birthplace Herculaneum Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Carlota Fales  
15. Birthplace Cuba  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. O'Fallon  
(b) Address 58 Kingsbury Place, St. Louis  
17. (a) burial (b) Date thereof 8-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd., University City  
19. (a) AUG 20 1948 (b) J. E. Bredbeck  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County foo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5861 Cates Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
year 1948 hour 8:35 minute P.M.

21. I hereby certify that I attended the deceased from June 1947 to August 1948  
that I last saw her alive on August 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Corbiline Failure Duration 12 hours

Due to Arterio-sclerotic Heart Disease and renal  
Due to Severe acute Intestinal Obstruction 7 days  
(Cause Undetermined)

Other conditions (Include pregnancy within 3 months of death)

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 Wm. N. Charles (M. D. or other) 2-8  
Address 3720 Washington Blvd. Date signed 8-20-48

Dr Benj. H. Charles.  
3720 Washington Blvd.,  
JE: 6720.  
Secure at Mo. Pac., Hospital  
Friday.. between 12:30 and 1:00 P.m.

### 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.....

*Arnold W. Schoene*

Licensed Embalmer No.....

*3864*

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.**