S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37971

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9747

1. PLACE OF DEATH:

(a) County ST. LOUIS Mo
(b) City or town ST. LOUIS Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3242 PENNSYLVANIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17
(c) City or town ST. LOUIS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3242 PENNSYLVANIA 10
(If rural, give location)
24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NORMA CHESNEY

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 29 (Day) 1915 (Year)

8. AGE: Years 33 Months 5 Days 9 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name JOHN CHESNEY
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LULU LEIENDECKER
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES BARBEAU
(b) Address 3242 PENNSYLVANIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 11 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 GRAVOIS ST. LOUIS, Mo

19. (a) NOV 9 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8
year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1942, to 11. 8. 48, 19...;
that I last saw her alive on 11. 8. 48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	6 yr +
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Ryan (M. D. or other) M.D.
Address 2602 S. Grand Bl. Date signed 11.9.48

(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 Leo J. Budde

Licensed Embalmer No. 3989

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9747

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:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Norma Chesney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased May 29 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J. B. Lasater (Registrar's signature)
NOV 22 1948

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 8
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-37971