

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 484

FILED JAN 29 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <p align="center">Mo. Mo.</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Mo. Mo.</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis</p>		c. LENGTH OF STAY (in this place) <p align="center">17</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Homer Phillips Hos.</p>		d. STREET ADDRESS (If rural, give location) <p align="center">1824 N. Taylor</p>	

3. NAME OF DECEASED (Type or Print) <p align="center">Louise Chestee.....</p>			a. (First)			b. (Middle)			c. (Last) <p align="center">Chestee</p>			4. DATE OF DEATH Month Day Year <p align="center">Jan. 14 1949</p>			
5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">Colored</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Single</p>		8. DATE OF BIRTH <p align="center">March 14, 1909</p>			9. AGE (In years last birthday) <p align="center">39</p>		IF UNDER 1 YEAR Months Days <p align="center">39</p>		IF UNDER 24 HRS. Hours Min. <p align="center"></p>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Domestic</p>				11. BIRTHPLACE (State or foreign country) <p align="center">Thompson, Mo.</p>				12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>			

13a. FATHER'S NAME <p align="center">Henry Chestee</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Minnie Mabin</p>			14. NAME OF HUSBAND OR WIFE <p align="center">-----</p>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>		16. SOCIAL SECURITY NO. <p align="center">NO.</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Minnie Caston</p>		ADDRESS <p align="center">1824 N. Taylor</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cerebral Hemorrhage</p>				INTERVAL BETWEEN ONSET AND DEATH <p align="center">Undet.</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">DUE TO (b) Undetermined</p>					
		<p align="center">DUE TO (c) None</p>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">None</p>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-11, 1949, to 1-14, 1949, that I last saw the deceased alive on 1-14, 1949, and that death occurred at 11:26a m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Oscar G. Daniels</p>		(Degree or title) <p align="center">M. D.</p>		23b. ADDRESS <p align="center">2601 N Whittier</p>		23c. DATE SIGNED <p align="center">1/14/49</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <p align="center">Mo. Jan. 18 '49</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mexico, Mo.</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Mexico Mo.</p>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <p align="center">JAN 17 1949</p>		REGISTRAR'S SIGNATURE <p align="center">J B Lassiter</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Russell Indigo</p>		ADDRESS <p align="center">2732 Pine</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

WILLIAM M. BROWN, Student Embalmer No. 272
working under my personal supervision.

Student Wm. M. Brown
Student Embalmer

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.