

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13949
3331

State File No.

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6208 Rosebury				d. STREET ADDRESS (If rural, give location) 6208 Rosebury			
3. NAME OF DECEASED (Type or Print)		a. (First) SAMUEL		b. (Middle) PARKER		c. (Last) MCCHESNEY.	
		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1949					
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 22, 1881	
		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney			10b. KIND OF BUSINESS OR INDUSTRY ---			11. BIRTHPLACE (State or foreign country) Lexington, Kentucky /	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Samuel McChesney.			13b. MOTHER'S MAIDEN NAME Sally Warfield.			14. NAME OF HUSBAND OR WIFE Mathilde F. McChesney.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mathilde McChesney;		ADDRESS 6208 Rosbury,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH immediate	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior Sylvian H^{yp}						over 1 year	
DUE TO (c) Arteriosclerosis						over 1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypot							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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 June 6, 1948 , to Apr 12, 1949 , that I last saw the deceased alive on Feb 12, 1949 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leonty Petersen M.D.				23b. ADDRESS O. Richmond Heights Mo		23c. DATE SIGNED Apr 12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Louisville, Kentucky.	
DATE REC'D BY LOCAL REG. APR 1 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,			

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

1888

Handwritten mark

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.....
..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

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.