

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28887

FILED AUG 22 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **1869**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
c. LENGTH OF STAY (In this place) <b>10 years</b>		d. STREET ADDRESS (If rural, give location) <b>418 S. Geyer Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Corley Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>ANNE</b>		a. (First) <b>G.</b> b. (Middle) <b>CHESBRO</b> c. (Last)		4. DATE OF DEATH <b>Aug. 3, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct. 28, 1869</b>		9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Canada</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Crombie S. Chesbro</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul Bakewell</b> ADDRESS <b>1210 Fullerton Bldg St. Louis, Mo.</b>	

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) <b>Septicemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>4. scabitis</b>			
		DUE TO (c) <b>Arteriosclerosis + aneurysm</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4500</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1942 to Aug 3, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. DeLoe S. Smith</b> (Degree or title)		23b. ADDRESS <b>Webster Brown, No. 100</b>		23c. DATE SIGNED <b>Aug 3-1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>8/5/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	
		24d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		(State) _____	

DATE REC'D BY LOCAL REG. <b>AUG 4 1950</b>		REGISTRAR'S SIGNATURE <b>Hubert W. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Boop, Inc., Kirkwood, Mo.</b> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Peter B. DeBriouelle

Licensed Embalmer No. 3691

P. O. Address Palmer Heights, N.Y.

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.