

REC'D AUG 11 1939 791

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. _____

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:
Josephine Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 weeks
 (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Eugene Cherie 600

8. (b) If veteran, name war No 8. (c) Social Security Number Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clare Alleen Cherie 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 11 1906
 (Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Webster Groves, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Tool & Die Maker

11. Industry or business Western Supply Co.

12. Name Julius Cherie

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Helena Sauss

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Eugene Cherie

(b) Address 3726 N. Market

17. (a) Burial (b) Date thereof 7-8-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
St. John's Ev. Cem.

(c) Place: burial or cremation Manchester, Mo.

18. (a) Signature of funeral director Truth Center Mortuary,

(b) Address 700 1/2 Linden Bl.

19. (a) JUL 8 1939 (b) _____
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3726 N. Market St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6, 1939
 year 1939 hour 9 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from June 8 to July 6, 1939
 that I last saw him alive on July 5, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
appendicitis with rupture.

Due to Infection of appendix
General Peritonitis
 Due to Rupture appendix

Other conditions (Include pregnancy within 3 months of death)

Major findings: Gaugenous perfor
at appendix
 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 1

23. Signature D. Steffors (M. D. or other) _____
 Address 3115 D. Grand Date signed 7/6/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Howard A Rowland

Licensed Embalmer No. 3114

P. O. Address Therion

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, above space should be left blank.