

REG. DIST. NO. 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis.
(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: City Infirmery.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution July 15, 1935.
25 years. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

George Cheney. 502

3. (b) If veteran, name war.

Unknown.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color 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. March 20, 1875.
(Month) (Day) (Year)

8. AGE:

Years 66 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation

Unemployed.

11. Industry or business

Unknown

MOTHER FATHER { 12. Name

"

13. Birthplace

"
(City, town, or county)

"
(State or foreign country)

14. Maiden name

"
(City, town, or county)

"
(State or foreign country)

15. Birthplace

"
(City, town, or county)

"
(State or foreign country)

16. (a) Informant's own signature Dr. E. J. Biers

(b) Address 5800 Arsenal St.

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof 9-18-39
(Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director J. Ryan

(b) Address 5800 Arsenal St.

19. (a) SEP 18 1935
(Date received local registrar)

(b) J. P. Beck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 5215/Enright (b) County St. Louis.
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7, 1939.
year hour minute 11:20 a.m.

21. I hereby certify that I attended the deceased from September 1st, 1939 to 9-7, 1939
that I last saw him alive on 9-7, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Subarachnoid Hemorrhage
Due to Aspiration Pneumonia
Chronic Arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy ye

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
23. Signature E. J. Biers (M. D. or other)
Address 5800 Arsenal St. Date signed

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

REG. DIST. NO. 791

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.....

Licensed Embalmer No.....

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, above space should be left blank.