

No. 2  
13-40  
17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8836**  
**2246**  
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

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: **Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days**  
(Specify whether  
In this community **30 years**  
years, months or days)

3. (a) PRINT FULL NAME **Jerry Cheney**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **498-09-4784**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Janie Cheney** 6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **July 31, 1878**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **5** If less than one day  
hr. min.

9. Birthplace **Woodville, Ga.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**

11. Industry or business.....

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Janie Cheney**  
(b) Address **4210 Cote Brillante**

17. (a) **Burial** (b) Date thereof **3/11/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **W. B. Gordon**  
(b) Address **2649 Delmar Blvd**

19. (a) **MAR 11 1941** (b) **J. B. Reddy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **11000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **4210 Cote Brillante**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**  
year **1941** hour **1:09** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 27, 1941** to **March 8, 1941**  
that I last saw him alive on **March 8, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Arteriosclerosis** **18 mos.**  
**Cardiac Hypertrophy** **"**  
**Broncho-pneumonia** **5 days**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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 **0**

23. Signature **C. Allen** (M. D. or other)  
Address **2601 N. Whittier** Date signed.....

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William Claude Gordo*

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar*

**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.