

Registration District No. 791Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Peoples Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether  
 In this community 1 day (months or days)

3. (a) PRINT FULL NAME Ann MARY CHEERS3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race colored  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Brewer Cheers 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased Nov 5 1902  
 (Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 8 If less than one day hr. min.9. Birthplace Holly Springs Miss.  
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business at home

MOTHER FATHER  
 12. Name unknown  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Thibault  
 15. Birthplace Miss.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Brewer Cheers(b) Address Brooklyn Miss.17. (a) Removal (b) Date thereof June 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St. Louis Ill18. (a) Signature of funeral director J. H. Marshall(b) Address 220 N. Main St. East St. Louis Ill19. (a) JUN 14 1941 (b) J. H. Marshall  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Sollard  
 (c) City or town Brooklyn Ill  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 312 Adams St.  
 (If rural, give location) NR  
 (e) If foreign born, how long in U. S. A? 9 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1941 hour 79 minute 0 M.21. I hereby certify that I attended the deceased from June 13  
June 13, 1941 to June 13, 1941  
that I last saw her alive on June 13, 1941  
and that death occurred on the date and hour stated above.Immediate cause of death encephalomyelitis Duration 10 hrsDue to Nephritis 1 yrDue to noneOther conditions none  
(Include pregnancy within 3 months of death)Major findings:  Of operationsOf 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) (a) Means of injury fall23. Signature J. Pearl Hillman (M. D. or other) MDAddress see Date signed 6-14

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.....

*William Claude Gordon*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmer Pl*

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.