

MAY 27 1943

318

Primary Registration District No. 1003

Registrar's No. 4483

1. PLACE OF DEATH: *Homer G. Phillips Hospital*

(a) County: _____
 (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: *Homer G. Phillips Hospital*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *4 days*
 In this community *20 years*
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: _____
 (c) City or town: *St. Louis,*
(If outside city or town limits, write "RURAL.")
 (d) Street No.: *1038 Leonard*
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: *Ora Cheatum*

3. (b) If veteran, name war: *NO*

3. (c) Social Security No.: *NO*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *8,*
 year *1943* hour *12* minute *15 P.* M.
 21. I hereby certify that I attended the deceased from *May*
4, 19*43* to *May 8,* 19*43*;
 that I last saw her alive on *May 8,* 19*43*
 and that death occurred on the date and hour stated above.

4. Sex: *Female* 5. Color or race: *Cool*

6. (a) Single, widowed, married, divorced: *Single*

6. (b) Name of husband or wife: *Samuel*

6. (c) Age of husband or wife if alive: *NO* years

7. Birth date of deceased: *Jan 30 1892*
(Month) (Day) (Year)

Immediate cause of death: *Ruptured Appendix with abscess formation.*

Due to: *Celiotomy*

Duration: *1 week 4 days*

8. AGE: *50* Years Months *5* Days *4*
 If less than one day _____ hr. *5* min.

Other conditions: *12/1*
(Include pregnancy within 3 months of death)

Due to: _____

9. Birthplace: *Wilmington Tenn*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Widow*

11. Industry or business: *None*

12. Name: *Corla Easley*

13. Birthplace: *Tenn*
(City, town, or county) (State or foreign country)

14. Maiden name: *Corla Hadley*

15. Birthplace: *Tenn*
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: *T. Francis Scott*

(b) Address: *2211 1/2 Sister Franklin*

17. (a) (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Northwood Burial Home*

18. (a) Signature of funeral director: *A. L. Odum*

(b) Address: *2211 1/2 Sister Franklin*

19. (a) *MAY 14 1943* (Date received local registrar)

J. F. Brudick (Registrar's signature)

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: *J. Raymond Merry* (M. D. certified)

Address: *2601 S. Whittier* Date signed: *5/10/43*

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

James A. Johnson

James A. Johnson
3022

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..... *James A. Johnson*

Licensed Embalmer No. *3022*

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, fact should be so stated above.