S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26132

State File No.

FILED SEP 8 1944 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7591

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: Mo Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)
In this community 8 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") a NR.

(d) Street No. Horine Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alfonso Cheek

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eleanor

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 6 (Day) 1869 (Year)

8. AGE: Years 74 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Monroe (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER

12. Name I. Cheek

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

14. Maiden name Susan Drybread

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

16. (a) Informant Ethel Boatwright

(b) Address 3442 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation Motor To Pattin Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) SEP 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31 year 44 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 20, 1943, to August 31, 1944; that I last saw him alive on August 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate Gland	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph E. Glenn (M. D. or other)

Address 958 Arcade Bldg Date signed 9/1/44

344 (Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.