

FILED MAY 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3848

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 4220 Ellenwood Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Theodora A. Cheek

3. (b) If veteran, name war _____

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry T.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. 6 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Burggraf

13. Birthplace Pa. 1
(State or foreign country)

14. Maiden name Louise Klages

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harry T. Cheek

(b) Address 4220 Ellenwood Ave.

17. (a) Cremation (b) Date thereof May 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Therese Elderle

(b) Address 3634 Gravois Ave.

19. (a) MAY 1 1945 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4220 Ellenwood Ave. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1945 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from 7/31/45
1945, to Apr 28 1945;
that I last saw her alive on Apr. 27 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Styptek's Disease 1 yr.
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 H. M. Freund (M. D. or other) _____
Address 3110 S. Grand Date signed 5/28/45

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.....
Frank J. [Signature]

Licensed Embalmer No. *2675*

P. O. Address *St. Louis, Mo*

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.