No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2332

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 792

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: VAHLE MANOR 5904 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00-0
(c) City or town ST. LOUIS 76-17
(If outside city or town limits, write "RURAL")
(d) Street No. 1915 BLAIR AV. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY CHEATHAM.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife THOMAS CHEATHAM.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 9 (Day) 1892 (Year)

8. AGE: Years 54 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
MOTHER 12. Name MICHAEL GRUBER 9
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
FATHER 14. Maiden name MARY KAPPEL
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. Edward Cheatham
(b) Address 2647 Park av.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 27-47 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER + PAULS
18. (a) Signature of funeral director E. J. Schnurr
(b) Address 3125 Lafayette av.
19. (a) JAN 27 1947 (Date received for record) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21 year 1947 hour 4 minute 45 p.M.
21. I hereby certify that I attended the deceased from JAN. 16. 1947 to JAN. 21 1947 that I last saw h. alive on JAN. 21 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 5 days
Due to
Due to degenerative
Other conditions Chr. heart disease
(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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature A. J. Murphy (M. D. or other) M.D.
Address 4143a N. Kensington Date signed 1/22/47

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette St

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.