

No. 2  
-1/47  
5-17-39

National Office of Vital Statistics

**FILED MAY 29 1947 318**

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **5028**

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:  
**residence-5004 Bancroft Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ..... (Specify whether  
In this community: **most of life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **020**

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

(d) Street No.: **14** **5004 Bancroft Avenue** **9**  
(If rural, give location) **0**

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

3. (a) PRINT FULL NAME **STEPHANIE PAULINE CHEATHAM**

3. (b) If veteran, name war: **none**

3. (c) Social Security No.: **none**

4. Sex: **female** 5. Color or race: **white**

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

6. (b) Name of husband or wife: **Thomas E. Cheatham**

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

7. Birth date of deceased: **November 13 1858**  
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day

**88 6 5** ..hr. ....min.

9. Birthplace: **Washington County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **at home**

11. Industry or business: .....

12. Name: **Theodore A. Gratiot**

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

14. Maiden name: **Odele Baquette**

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

16. (a) Informant: **Miss Naomi Cheatham**

(b) Address: **5004 Bancroft Ave., St. Louis**

17. (a) **burial** (b) Date thereof: **5-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Valhalla Cemetery**

18. (a) Signature of funeral director: **C. R. Lupton & Sons**

(b) Address: **7233 Delmar Blvd; St. Louis**

19. (a) **MAY 19 1947** (b) **J. J. Bredeek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18th**  
year **1947** hour **1:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 21, 1921** to **May 17 1947**  
that I last saw her alive on **May 17 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardio-Vascular Disease.** **1927.**

Due to **Hypertension.**

Due to **Senility.**

Other conditions: .....

Major findings: Of operations: .....

Of autopsy: .....

Duration  
**1927.**

PHYSICIAN

Underline the cause of 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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

Witness of work: .....

Signature: **J. J. Bredeek** (M. D. or other) **0**

Address: **5720 Washington Blvd.** Date signed: **5-19-47**  
**I. H. Boomer**

WRITE PLAINLY—USING ENFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. I. H. Boemer  
3720 Washington Bl'vd.,  
JE-3690

1-3 P.M.

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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.....

*Raymond L. Harris*

Licensed Embalmer No. *4330*

P. O. Address. *Maplewood, 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.