No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6179

FILED MAR 11 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2101

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town none Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. Collinsville Township 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Beulah Cherry
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis Cherry Sr.,
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 17th 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Palmyra, Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Own Home
MOTHER FATHER
12. Name John Saunders
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Mary Welker
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Louis Cherry Jr.
(b) Address East St Louis, Ills.,
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar 1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ills.
18. (a) Signature of funeral director Leo M. Schroeppel
(b) Address Collinsville, Ills.
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bridewell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28th year 1948 hour 3 minute 00 PM.
21. I hereby certify that I attended the deceased from February 28, 1948 to Feb. 28, 1948 that I last saw her alive on February 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of thyroid involving the respiratory tract. — 6 Mo
Due to Carcinoma of thyroid.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of thyroid
Of autopsy No autopsy.

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? (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 Frank J. Smith M.D. (M. D. or other) M.D.
Address 4930 Lindell, St. Louis, Mo. Date signed 3/1/48

Jefferson City Printing Co. (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 Geo. M. Schneppel

Licensed Embalmer No. 1598

P. O. Address Collinsville Ill.

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.