

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9805

FILED MAR 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1809**

1. PLACE OF DEATH
a. COUNTY **Saint Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO.** b. COUNTY _____

b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN **Saint Louis**

c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN **St. Louis** **2129**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

d. STREET ADDRESS (If rural, give location) **12 4743-a McMillan**

3. NAME OF DECEASED
a. (First) **Georgia** b. (Middle) _____ c. (Last) **Cheatem**

4. DATE OF DEATH (Month) (Day) (Year) **Feb. 24 1952**

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **?**

9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Ivons, Ind.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **George Stone**

13b. MOTHER'S MAIDEN NAME **Henrietta Johnson**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Blanche Owens** ADDRESS **4743-a McMillan**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Arteriosclerosis**

ANTECEDENT CAUSES
DUE TO (b) **Senility**
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

INTERVAL BETWEEN ONSET AND DEATH
Undet.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4300**

22. I hereby certify that I attended the deceased from **1-19**, 19**52**, to **2-24**, 19**52**, that I last saw the deceased alive on **2-24**, 19**52**, and that death occurred at **4:15a** m., from the causes and on the date stated above.

23a. SIGNATURE **Wm A. Reid** (Degree or title) **M. D.**

23b. ADDRESS **2601 N Whittier St**

23c. DATE SIGNED **2-25-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Feb. 27 1952**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park Cem**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE RECD BY LOCAL REG. **FEB 26 1952** REGISTRAR'S SIGNATURE **Carl Smith md**

25. FUNERAL DIRECTOR'S SIGNATURE **English Und. Co., Inc.** ADDRESS **1123 N. Taylo r**

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 1223 Emerald

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.