

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1538

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4249

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS</u> )		c. LENGTH OF STAY (in this place) <u>29 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5004 BANCROFT AVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, 2149</u> d. STREET ADDRESS (If rural, give location) <u>5004 Bancroft Ave., 14</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NAOMI</u> b. (Middle) c. (Last) <u>CHEATHAM.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>	8. DATE OF BIRTH <u>Oct. 21, 1894</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary: National Lead Company.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DeSoto, Missouri 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas E. Cheatham.</u>		13b. MOTHER'S MAIDEN NAME <u>Stephanie Gratiot.</u>	
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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>494-03-3762</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marie Kistner: St. Louis, Mo.</u>	
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) <u>Carcinoma, Abdominal Glands &amp; Intestines</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>8-19-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Abdominal Glands &amp; Intestines</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>153X</u>		22. I hereby certify that I attended the deceased from <u>Jan. 3, 1952</u> , to <u>Apr. 23, 1953</u> , that I last saw the deceased alive on <u>Apr. 23, 1953</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. C. ROEMER MD</u> (Degree or title)		23b. ADDRESS <u>3720 Washington St. Louis 8</u>	
23c. DATE SIGNED <u>Apr 24, '53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons: 7233 Delmar Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>APR 24 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u> <u>mds</u> (Licensed Embalmer's Statement on Reverse Side)	

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

*Clarence H. Murray*

Licensed Embalmer No. *24016*

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.