

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **6024**  
**1372**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3005 Cass Av</b>		e. STREET ADDRESS (If rural, give location) <b>3005 Cass</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>George</b> b. (Middle) <b>E</b> c. (Last) <b>Cheatham</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb 9 54</b>		
<b>5. SEX</b> <input type="radio"/> Male <input type="radio"/> Female		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>Dec 20. 1874</b>		<b>9. AGE</b> (In years last birthday) <b>79</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Grace Sign Co</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Millwright</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Magnolia Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>William Cheatham</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Annie Hollingsworth</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Laura Cheatham</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unk</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>James Cheatham</b> ADDRESS <b>Hot Sulphur Springs</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>			
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>mitral insufficiency</b>		<b>Colorado</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>H10X</b>	
<b>22. I hereby certify that I attended the deceased from 5-3 1953 to 5-8 1954, that I last saw the deceased alive on 2-8 1954, and that death occurred at 6:01 AM on 2-12-1954 from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>I. W. Wilcox MD</b> (Degree or title)		<b>23b. ADDRESS</b> <b>2241 Pigeon Blvd</b>		<b>23c. DATE SIGNED</b> <b>2-12-1954</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>2-12-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Magnolia Arkansas</b>	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 13 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Cash Smith MD</b>		<b>(Licensed Embalmer's Statement on Reverse Side)</b>	

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *127*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.