

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1954

State File No.

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6364

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY 6 wks d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) James b. (Middle) c. (Last) Cherry 4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 54

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married 8. DATE OF BIRTH Sept. 1, 1904 9. AGE (In years last birthday) 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cream Cutter 10b. KIND OF BUSINESS OR INDUSTRY Mavrokos 11. BIRTHPLACE (City and State or Foreign Country) Wisconsin 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Johnnie Cannon 13b. MOTHER'S MAIDEN NAME Mary Cherry 14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Ruby Moore Merriweather 5929 Vernon St. St. Louis, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Disease with Uremia 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. INTERVAL BETWEEN ONSET AND DEATH Undt.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 592X

22. I hereby certify that I attended the deceased from 6-27, 1954, to 7-11, 1954, that I last saw the deceased alive on 7-11, 1954, and that death occurred at 12:50A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh Waters (Degree or title) M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 7-12-54

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/14/54 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. JUL 13 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Marlene Officer 2114 E. St. Louis, Missouri ADDRESS

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

FEB 8

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 *Ben H. Baldwin*

Licensed Embalmer No. *242*

P. O. Address *721 W. 26th*

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.