

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11778**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND ST. LOUIS, MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>			Length of stay in lb <b>22 days</b>		d. STREET ADDRESS (If outside, give location) <b>4217 A LABADIE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HARVARD</b> Middle <b>CHEATHAM</b> Last <b>CHEATHAM</b>				4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>4</b> Year <b>1957</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>6/9/94</b>		9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>TRIGG COUNTY, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>FRANK CHEATHAM</b>			13b. MOTHER'S MAIDEN NAME <b>MAGGIE</b>			14. NAME OF HUSBAND OR WIFE <b>ROSIE CHEATHAM</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>VA HOSP. RECORDS, ST. LOUIS, MO</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>						DUE TO (c) <b>UNKNOWN</b>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>11-12-57</b> to <b>12-4-57</b> and last saw <del>him</del> alive on <b>12-4-57</b> Death occurred at <b>7:50 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE <b>H. H. Mesphalinger M.D.</b>				22b. ADDRESS <b>VAH. ST. LOUIS, MO</b>		22c. DATE SIGNED <b>12/5/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-9-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Jeff. Barracks, Mo.</b>		
24. FUNERAL DIRECTOR <b>Richardson</b>			ADDRESS <b>2625 Glasgow</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 9 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b> <b>mfb</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *A.P. Richardson* .....

Licensed Embalmer No. *2928* .....

P. O. Address *2625 Glasgow* .....

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.