

JAN 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41018

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5004 Baneroff ave) St. 10194 Ward)

2. FULL NAME

(a) Residence, No. 5004 Baneroff 15 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephanie P. Cheatham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 2 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Break time spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

FATHER
13. NAME Archie Cheatham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER
15. MAIDEN NAME Susan Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Naomi Cheatham 5004 Baneroff

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 12/4 '35

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 15449 Olive St

20. FILED 3 1935 19 J. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from 2nd 2 1935, to Dec 2 1935. I last saw him alive on Dec 27 1935. Death is said to have occurred on the date stated above, at 12, 17th. The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
46
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) [Signature] (Address) 577-29

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. H. Boerner

3720 Washington
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