

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis, Mo. (No. 5600)

Registration District No. *Insulation Hoop*
Primary Registration District No. *Insulation Hoop*
Arsenal St.

File No. 18676
Registered No. 5252
St. Ward

2. FULL NAME

Herbert Cheek
3541 Boswell

(a) Residence, No. St., *NR* Ward, *Wellston Mo*
(Usual place of abode)

Length of residence in city or town where death occurred *Life* 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/2/1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	7	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Peyton Cheek

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Hopp

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT B. Bittenuth (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinckneyville, Ill. DATE May 27th 1937

19. UNDERTAKER Albert J. Tonne Inc. (ADDRESS) 429 N. Euclid Avenue

20. F. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/24/1937 to 5/25/1937

I last saw him alive on 5/25/1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Staphylococic Sore Throat. Diphtheria. Staphylococcus Thymic Lymphaticus

Other contributory causes of importance: 10

Name of operation Tracheotomy Date of 5-25-37
What test confirmed diagnosis? *Staphylococcus* 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

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) *Henry J. Brebeck*, M. D.
(Address) *5100 Arsenal*

MAY 26 1937

