

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.

NOV 16 1938

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. 1536 Papin)

Registration District No. 791
Primary Registration District No. 1003
ST. MARY'S INFIRMARY St.

File No. 34173
Registered No. 9159
Ward N.R.

2. FULL NAME 350 Ralph Cheatham

(a) Residence, No. 646 Argonne Drive, Kirkwood, Mo. Ward N.R.
(Usual place of abode) (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>24</u>	<u>11</u>	<u>19</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood Missouri

13. NAME unknown

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

15. MAIDEN NAME Fannie Moore

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

17. INFORMANT (ADDRESS) Fannie Abnathys 646 East Madison, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Inter. Dickson DATE Oct. 22, 1938

19. UNDERTAKER (ADDRESS) Henry Lee Funeral Home 408 S. Filmore, Kirkwood

20. FILED OCT 21 1938 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-1938

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1937, to October 18, 1938

I last saw him alive on October 18, 1938 Death is said to have occurred on the date stated above, at 1:20 P. M.

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

Multiple Sclerosis
Optic atrophy (bilateral)
Date of onset?
None
Other contributory causes of importance:
Arteriosclerosis, Ulcers.

Name of operation none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No

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.....

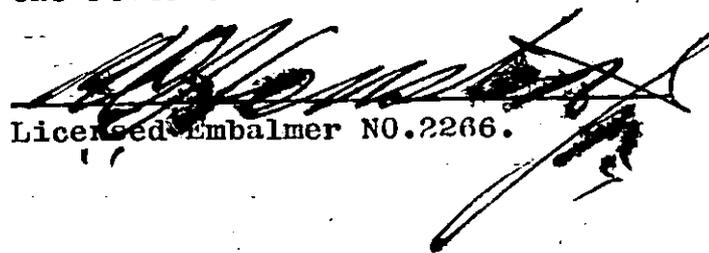
24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) W. Williams, M. D.
(Address) 23. N. 6th Market

STATEMENT BY LICENCED EMBALMER.

I, R.C.Houston, Jr, Licensed Embalmer NO.2266.

Nereby certify that the body on the reversed side of this certificate was embalmed by Myself.


Licensed Embalmer NO.2266.