

REC'D FEB 10 1939

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

655  
Do not use this space.

655

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City or St. Louis Mo. / (d) Street No. 5708 Maffitt St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME Sarah Caroline Cherry

(a) Residence, No. St. NR Charleston Missouri  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 Wm. Sam Cherry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 9 28 18

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Eva Tenn.

FATHER  
13. NAME Henry Cherry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Sandt Tenn.

MOTHER  
15. MAIDEN NAME Sarah Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Tenn.

17. INFORMANT W. S. Cherry  
(ADDRESS) Charleston Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Charleston Mo. DATE Jan. 22, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.  
(ADDRESS) 4700 Washington Blvd.

20. FILED JAN 21 1939 J. B. Bulech Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1939, to Jan 20 1939

I last saw him alive on Jan 19 1939. Death is said to have occurred on the date stated above, at 7:30 AM. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset

Other contributory causes of importance  
820  
Paralysis (left side) caused by cerebral hemorrhage

Name of operation none Date of 20  
What test confirmed diagnosis? Was there an autopsy? 20

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? Yes  
If so, specify  
(Signed) J. B. Bulech M. D.  
(Address) 1446 S. Grand

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. G. Sullinaw  
Licensed Embalmer No. 1122  
P. O. Address 4704 Wash Blvd

**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 this body is not embalmed, above space should be left blank.**