No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20050
4862

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 167
(If outside city or town limits, write "RURAL")

(d) Street No. 3245 Hartford St 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Katherine Cherry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Beggs Cherry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 18 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Jacob Strassheim

13. Birthplace Missouri O
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hess

15. Birthplace Missouri O
(City, town, or county) (State or foreign country)

16. (a) Informant George Horn

(b) Address 3245 Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 12 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 11 year 1941 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from June 4th, 1941, to June 11th, 1941; that I last saw him alive on June 10, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Deflorescence of Pneumonia, Spreading Peritonitis & Acute Uremia | 6 Hrs. |
| Due to Acute nephritis, glomerular | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations Deflorescence of pneumonia, Perforation

Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Geo. A. Mellies (M. D. or other)

Address 2239 N. Grand Date signed 6-11-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1941

JUN 26 1941

NOV 4 1942

## 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.....

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**