

No. 2
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X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22675

6698

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH
(a) County **St. Louis,**
(b) City or town **St. Louis, Missouri,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home, 3724a Finney Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Thirty-five years (Specify whether
In this community **years, months or days**)

3. (a) PRINT **Sarah Cheesebrough**
FULL NAME.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Henry Cheesebrough** 6. (c) Age of husband or wife if alive **68 years**
7. Birth date of deceased **July 4, 1882**
(Month) (Day) (Year)

8. AGE: Years **60yrs. 1882** Months **1** Days **2** If less than one day
hr. min.

9. Birthplace **Oxford, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Isham Houston**
13. Birthplace **Oxford, Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Steward**
15. Birthplace **Unknown / Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Henry Cheesebrough**
(b) Address **3724a Finney Avenue**
17. (a) **Burial** (b) Date thereof **8-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Adams Undertaking Co.**
(b) Address **3849 Windsor Place**

19. (a) **AUG 8 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **St. Louis**
St. Louis, Missouri
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. **3724a Finney Avenue** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from **July 10**, 19**42**, to **Aug 6**, 19**42**
that I last saw him alive on **July 10**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart Disease**
with Rheumatism
and Hypertension
chronic nephritis
Duration **4y**
2y

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

23. Signature **James P. Jeff** (Specify type of place) (M. D. or other) **Meant of injury**
Address **925 N. Jeff** Date signed **8/7/42**

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

MOTHER FATHER

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.....

E. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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, fact should be so stated above.