

FILED OCT 22 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2151

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution Gene Crest Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Pattersonville  
(If outside city or town limits, write "RURAL")

(d) Street No. Falcone ave  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WALTER CHEETHAM

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife Laura Cheetham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Helen Gottman

(b) Address Rt 1 Box 172 Robertson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodson Rd. Overland Mo

19. (a) OCT - 3 1942 (Date received local registrar) (b) C. H. McParson M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1942 hour 6 minute 42 p. M.

21. I hereby certify that I attended the deceased from September 2nd 1942, to October 27 42

that I last saw him alive on October 2nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to QSD

Due to \_\_\_\_\_

Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. M. Jarom (M. D. \_\_\_\_\_)  
Address Manchester, Mo. Date signed 10/3/42

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4 FEB 1944

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**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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address *Overland Mo* .....

**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.**