. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11980

ED APR 28 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3758

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:
3664 Cook Avenue
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3664 Cook Avenue
(If rural, give location)

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

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3. (a) PRINT FULL NAME Phoebe Cherry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife George Cherry

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

7. Birth date of deceased February 17, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	1	hr. min.

9. Birthplace Butler (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name Ben Turner
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Viola Oliver
(b) Address 2213 Olive Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) APR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from APRIL 17, 1943 to , 19 ;
that I last saw her alive on APRIL 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature A. M. Townsend (M. D. or other)
Address 2602 a Franklin Ave. Date signed 4/21/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1173

P. O. Address 3517 Laclede Ave

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.