

Registration District No. **318** Primary Registration District No. **4003** Registrar's No. **9632**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 918a Shenandoah Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 918a Shenandoah Ave.
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie B. Cherry
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10
year 1944 hour 9 minute 40 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Austin C. Cherry
(c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. 28, 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1944 to 11-10 1944
that I last saw her alive on 11-9 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 8 12 hr. min.

Immediate cause of death Pulmonary Tuber-1
Tuberculous Enteritis culosis 4 years
6 Mo.
Duration

9. Birthplace Lennox Tennessee
(City, town, or county) (State or foreign country)

Due to 13
Due to _____

10. Usual occupation Cashier

Other conditions Tuberculous Laryngitis 1 mo.
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name R.B. Burrow
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Isabel Jones
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Austin C. Cherry
(b) Address 918a Shenandoah Ave.
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cm

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)

18. (a) Signature of funeral director. Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) NOV 14 1944 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature A. J. Steiner (M. D. or other) MD
Address 622 Missouri Theatre Bldg Date signed 11/13/44

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

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 *Mary A. Stewart*

Licensed Embalmer No..... 3722

P.O. Address..... 412 Duchouquette St.

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.