

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

7322

FILED FEB 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1479

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:
4379 Evans Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 117
(d) Street No. 4379 Evans Ave
(If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 7
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD D. CHERRY

3. (b) If veteran, name war -- 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Cherry 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 18, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business _____

12. Name Parker Cherry

13. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine unknown

15. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Cherry

(b) Address 4379 Evans

17. (a) Burial (b) Date thereof 2-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) FEB 13 1946 (Date received local registrar)
J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 12th, 1946 to February 9th, 1946
that I last saw him alive on February 9th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr Interstitial Nephritis 6 1/2 hrs.

Due to _____
Due to _____
13 1/2

Other conditions Gastric Ulcer 30 Days
(Include pregnancy within 3 months of death)

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) _____
Means of injury _____

23. Signature J. F. Bredack (M. D. or other) _____
Address 2611 a Olive St. Date signed _____

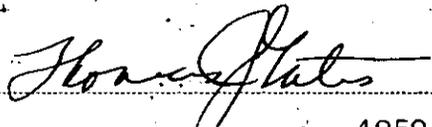
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6272

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.....

..... Thomas J. Gates, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259

P. O. Address..... 4107 Finney 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.