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-17-39
I 3908

National Office of Vital Statistics
FILED JUL 15 1948

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 50 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2932 Madison
20 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE CHERRY

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 1 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 5 If less than one day
 hr. _____ min. _____

9. Birthplace Jonesburg Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Peter Robinson

13. Birthplace Miss Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Miss

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

16. (a) Informant Helen Meals

(b) Address 3157 Brantner Pl

17. (a) burial (b) Date thereof 7-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bellvue

19. (a) JUL 9 (b) J. F. Predeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 2 minute 40 a. M.

21. I hereby certify that I attended the deceased from July 2, 1948 to July 6, 1948;
that I last saw h. er alive on July 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Decompensation
Duration Undet.

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy No
1
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)
White at _____ Means of injury _____
3. Signature Oscar L Daniels (M. D. or other)
Address 2601 N. Whittier Date signed 7/6/48

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

S. J. Watson
.....
Licensed Embalmer No. *2698*
P. O. Address. *2769 Chouteau*

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.