. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37970

FILED NOV 24 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9835

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers Hospital 0
(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 0 00

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

(d) Street No. 5533a Holly Hills 5
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Cheney

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Ambs Cheney

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 18, 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Repair

11. Industry or business Construction

FATHER
12. Name Frank Cheney 2
13. Birthplace Canada
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dogerty
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Cheney
(b) Address 5533a Holly Hills

17. (a) Burial (b) Date thereof 11-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) NOV 12 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1948 hour 4 minute 20 p. M.

21. I hereby certify that I attended the deceased from June 1947 to November 11 1948
that I last saw him alive on Nov. 10 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of brain. Primary	6 wks
Due to: Plasma Cell Myeloma of all the Bones	6 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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 0

23. Signature Robert W. Tichenor (M. D. or other) M.D.

Address 4602 Gravois St. Louis 6 Date signed 4-12-48

Jefferson City Printing Co. (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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis, 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.