

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35003

FILED OCT 28 1949

1003

State File No.

Registrar's No. 8977

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>826 CLARA AVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital, ✓</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-49</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAR</u> b. (Middle) <u>Torie</u> c. (Last) <u>Lee Cheers</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 9, 1913</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>36 2 7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Miss. ✓</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Miss. ✓</u>		13a. FATHER'S NAME <u>John M. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Wilameta</u>	
14. NAME OF HUSBAND OR WIFE <u>Milton Cheers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Milton Cheers</u>		ADDRESS <u>826 CLARA AVE</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic granuloma of the left cerebral hemisphere</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Hypertensive heart disease</u>		19. DATE OF OPERATION <u>None</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>		22. I hereby certify that I attended the deceased from <u>10-9</u> , 19 <u>49</u> , to <u>10-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>49</u> , and that death occurred at <u>12:00 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. Bradley</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>	
23c. DATE SIGNED <u>10/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 19, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>English Und. Co</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>2931 Locust</u>		DATE REC'D BY LOCAL REG. <u>OCT 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Facator</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.