

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5947  
1861

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		d. STREET ADDRESS (If rural, give location) 5091 ENRIGHT AVE;	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) McCORMICK c. (Last) CHERRY.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23 1867	9. AGE (In years last birthday) 83	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Wrecking Contractor.	10b. KIND OF BUSINESS OR INDUSTRY Contractor.	11. BIRTHPLACE (State or foreign country) Coulterville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James A. Cherry	13b. MOTHER'S MAIDEN NAME Hannah McCormick.	14. NAME OF HUSBAND OR WIFE Anna Belle Cherry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-98-0902	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna B. Cherry; St. Louis, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr 4 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Dec 15, 1950	19b. MAJOR FINDINGS OF OPERATION Excision of rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 154A

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Feb 23, 1951, that I last saw the deceased alive on Feb 23, 1951, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Benjamin H. Jolly M.D. (Degree or title)	23b. ADDRESS 16 Harrison Valley Plaza	23c. DATE SIGNED Feb 24 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-26-1951	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. FEB 26 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

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.