

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13898
3080
Registrar's No.

FILED APR 20 1951

No. 300
10-48

BIRTH NO.		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		
3. NAME OF DECEASED a. (First) <u>Lawrence</u> (Type or Print)		b. (Middle) <u>Cheatham</u>		c. (Last) <u>Cheatham</u>
4. DATE OF DEATH <u>March 29 1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>July 2- 1900</u>		9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Consumers Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Bethelham</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Cheatham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-728</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Stephenson</u> ADDRESS <u>-727 Bayard</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach with Metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? <u>157 Y</u>
22. I hereby certify that I attended the deceased from <u>3-21 19 51</u> , to <u>3-29 19 51</u> , that I last saw the deceased alive on <u>3-29 19 51</u> , and that death occurred at <u>2:40p m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. D. Lawrence</u>		23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>3-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>		DATE REC'D BY LOCAL REG. <u>APR 2 1951</u> REGISTRAR'S SIGNATURE <u>J B Larkin</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>J B Koonce</u> ADDRESS <u>1221 N. Grand</u>		

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4755

P. O. Address 1321 N Grand

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.