

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9934**
REGISTRAR'S No. **2636**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 5028 Wells Avenue		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) SUSAN	b. (Middle) Josephine	c. (Last) CHEEK	(Month) MARCH	(Day) 20,	(Year) 1954
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-5-1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Montgomery, Arkansas		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Box	13b. MOTHER'S MAIDEN NAME Susan Aldrig	14. NAME OF HUSBAND OR WIFE Neuman Cheek
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie H. Ferguson ADDRESS 5028 Wells

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (probable)		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		48 hrs
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Hypertensive Cardiovascular Dis		DUE TO (c)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
		570.2
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?

22. I hereby certify that I attended the deceased from **3-18-54**, 19___, to **3-20-54**, 19___, that I last saw the deceased alive on **3-20-54**, 19___, and that death occurred at **7:55P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. Steves M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/23/54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
DATE REC'D BY LOCAL REG. MAR 23 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Herral ADDRESS 1905 Union Blvd.		

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.....
Signature of Student Embalmer

Signed *Warren A. Carve*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.