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Reg. 6857 SL-4871

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH1003 State File No. 9442  
2498

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>CHRISTIAN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>19 days</b>	c. CITY OR TOWN <b>PANA</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>			STREET ADDRESS (If rural, give location) <b>105 South Spruce</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GUS</b>		b. (Middle) <b>E.</b>	c. (Last) <b>CHERRES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-17-55</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-22-1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boilermaker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) - <b>GREECE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Louis Cherres</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Cheaves</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Cherres</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW-I</b>		16. SOCIAL SECURITY NO. <b>708078215</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOGENIC CARCINOMA RIGHT UPPER LOBE WITH SPREAD TO BRAIN AND ADRENAL GLAND</u></b> <b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b>		
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>162x</b>	
22. I hereby certify that <sup>VA</sup> I attended the deceased from <b>2-26-55</b> , 19___, to <b>3-17-55</b> , 19___, and that death occurred at <b>11:50 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert M. Heitszel</b> ROBERT M. HEITZSEL M.D.			23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>3-17-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linwood Cem. Pana Ill.</b>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>MAR 18 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.H. Hoppe 4704 Washington Ave.</b>	

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..... *Paul A. Wach*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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.