

STANDARD CERTIFICATE OF DEATH

State File No. 7920

FILED SEP 29 1955

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 <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>1 hour</b>		d. Is Residency within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hosp.</b>		STREET ADDRESS (If rural, give location) <b>21 2351 Biddle St. 11th Fl.</b>	
3. NAME OF DECEASED a. (First) <b>Willie</b> (Type or Print)		b. (Middle) <b>Lee</b>	
c. (Last) <b>Cherry</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-55</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>NEGRO</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Sept. 7 1915</b>	
9. AGE (In years last birthday) <b>39</b>		10. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <b>NIL</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Salt Lake, MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Buster Cherry</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie BARNES</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. Georgia Mae Cherry</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dudley Cherry 4222 Enright</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic HEART DISEASE</b> INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>416X</b>	
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"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 25, 1955</b> to <b>Sept. 3, 1955</b> , that I last saw the deceased alive on <b>Aug 19, 1955</b> , and that death occurred at <b>5:30 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. P. Forde</b>		23b. ADDRESS (Degree or title) <b>M.D. 2746 Franklin Ave.</b>	
23c. DATE SIGNED <b>Sept. 8, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>9-9-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>Tupelo, Miss.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 9 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Pennie Love</b>		ADDRESS <b>3103 Washington</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *4575*

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.