

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22222**

FILED JUN 21 1956

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 531		Registrar's No. 1382		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City			c. LENGTH OF STAY (in this place) 20 Yrs.	c. CITY OR TOWN University City 0		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 7034 Lindell Ave.				e. STREET ADDRESS (If rural, give location) 7034 Lindell Ave.				
3. NAME OF DECEASED (Type or Print)		a. (First) Samuel		b. (Middle) Silas		c. (Last) Cheek		
4. DATE OF DEATH (Month) (Day) (Year) June 5th 1956		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH April 6, 1868		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 30 yrs. Construction Engineer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Forest City Inninois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Cheek.			13b. MOTHER'S MAIDEN NAME Mary Niekirk			14. NAME OF HUSBAND OR WIFE Lenora F. 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lenora F. Cheek 7034 Lindell Ave.				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)						
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222		21c. HOW DID INJURY OCCUR				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 10, 1926 , to June 10, 1956 , that I last saw the deceased alive on June 5, 1956 and that death occurred at 9:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) H. E. Jones M.D.				23b. ADDRESS 110 Central Ave Clayton		23c. DATE SIGNED June 6 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE June 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, & county) (State) St. Louis County Missouri		
DATE REC'D BY LOCAL REG. 6-6-56		REGISTRAR'S SIGNATURE Herbert B. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton and Sons 7233 Delmar Bly'd.				

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 1958

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

Arnold W. Schoene

Licensed Embalmer No. *3864*

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.