t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019569
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5208

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST.LOUIS,MO. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 ST.LOUIS CITY HOSP.#1. Length of stay in lb 2 Dys. 239

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN St Louis Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1101 Sidney St Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SARAH Middle ANN Last CHEEK

4. DATE OF DEATH Month Day Year MAY 15, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-6-1890
9. AGE (In years last birthday) 67 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Monroe Co. Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Washington Osborne
13b. MOTHER'S MAIDEN NAME CLARA Lacey
14. NAME OF HUSBAND ~~OR WIFE~~ ELTA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Elta Cheek Address 1101 Sidney

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension - Arteriosclerosis
DUE TO (c) Diabetes Mellitus
INTERVAL BETWEEN ONSET AND DEATH 2 HRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/13/58, to 5/15/58 and last saw her/him alive on 5/15/58
Death occurred at 4:30 P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C Doubek Jr. M.D.
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 5/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-13-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Waterloo Illinois

24. FUNERAL DIRECTOR Wagner ADDRESS Waterloo Ill.
25. DATE RECD. BY LOCAL REG. MAY 17 58
26. REGISTRAR'S SIGNATURE J Earl Smith - MD acm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.