

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042689

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3082

300
-57

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, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 815 E. Big Bend	
3. NAME OF DECEASED (Type or print) First Albert Middle W. Last Cherry		4. DATE OF DEATH Month November Day 23 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Building Trades	11. BIRTHPLACE (City and state or country) Paris, Texas
13a. FATHER'S NAME WILLIAM CHERRY		13b. MOTHER'S MAIDEN NAME NORA DODSON	14. NAME OF HUSBAND OR WIFE Margaret Cherry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give two dates of service) Yes WW II		16. SOCIAL SECURITY NO. 494-24-5119	17. INFORMANT Address Margaret Cherry, 815 E. Big Bend
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Pulmonary embolism - secondary to deep vein thrombosis - of left lower extremity - due to DUE TO (b) Coronary atherosclerosis - and DUE TO (c) Myocardial infarction - of anterior wall - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary atherosclerosis - Myocardial infarction -			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 2 months 1 year
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		416X	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 11-19-58 to 11-22-58 and last saw him alive on 11-22-58 when Death occurred at 10:30 - 11/23/58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert H. Hoppe (Degree or title)		22b. ADDRESS 634 N. Grand Blvd	22c. DATE SIGNED 11/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-26-58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 W Washington Blvd.		25. DATE RECD. BY LOCAL REG. 11-25-58	26. REGISTRAR'S SIGNATURE Herbert R. Ronke, Jr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 W. W. Wilkinon

Licensed Embalmer No. 3575

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.