V.S. No. 300
Rev. 10.48

FILED VS AUG 18 1959

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22604

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-030306
State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 7329

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1436 S Salisbury

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Michael J. Cherer Sr.

4. DATE OF DEATH (Month) (Day) (Year): 8-5-1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: 1
8. DATE OF BIRTH: 7-29-1892
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): Yard foreman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Cherer
13b. MOTHER'S MAIDEN NAME: Catherine Ulber
14. NAME OF HUSBAND OR WIFE: Elizabeth Cherer

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.
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Cherer
ADDRESS: 1436 S Salisbury

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HEAT STROKE
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia
DUE TO (c): DERMATOMYOSITIS

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: 710.0F
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1 *19*59, *to* August 5, *19*59, *that I last saw the deceased alive on* August 5, *19*59, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.B. Hedrey M.D.
23b. ADDRESS: St. Johns Hosp. St. Louis
23c. DATE SIGNED: 8/6/59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-8-59
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: AUG 7 '59
REGISTRAR'S SIGNATURE: Hoard Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Koch + Son
ADDRESS: 3516 S. 14th

(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W Seiterle

Licensed Embalmer No. 4329

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.