

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-003601**

STATE FILE NUMBER

AMENDED

Primary Registration District No. **1003** Registrar's No. **19**

**FILED JAN 1 1962**

<b>1. PLACE OF DEATH</b> a. COUNTY			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5851 Loran Ave.</b>		
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>3. NAME OF DECEASED</b> First Middle Last <b>CHARLES H. CHEELY</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>Jan. 1 1962</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
<b>8. DATE OF BIRTH</b> <b>4-25-1876</b>		<b>9. AGE (last birthday)</b> <b>85</b>		IF UNDER 1 YEAR Months Days		
IF UNDER 24 HR Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Agent (Retired) Metropolitan Life Ins. Co.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St. Louis, Mo.</b>		
<b>11. BIRTHPLACE</b> (City and state or country) <b>U.S.A.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b>		<b>13a. FATHER'S NAME</b> <b>George Cheely</b>		
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Wolf</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Helen E. Cheely</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <b>Helen E. Cheely 5851 Loran Ave.</b>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myxosarcoma of spine and left leg.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		
<b>20f. CITY, TOWN, OR LOCATION</b>		<b>20g. COUNTY</b>		<b>20h. STATE</b>		
<b>21. I attended the deceased from</b> <b>Jan. 9, 1961</b> <b>to</b> <b>Jan. 1, 1962</b> <b>and last saw her</b> <b>him</b> <b>alive on</b> <b>Jan. 1, 1962</b> Death occurred at <b>8:30 P.</b> <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <i>Shale M. Rifkin, M.D.</i> (Degree or title)			<b>22b. ADDRESS</b> <b>3720 Washington Blvd. St. Louis</b>		<b>22c. DATE SIGNED</b> <b>1/2/62</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>Jan. 4, 1962</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) <b>St. Louis, Mo.</b> (State)	
<b>24. FUNERAL DIRECTOR</b> <b>Kriegshauser 4228 S. Kingshighway Blvd.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>JAN 2 1962</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Loan Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 4-9-  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 R.W. Stovessand

Licensed Embalmer No. 4007

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.