# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

12786

M.D. Rebur 3/17/29

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5837, Maffitt St. Ward)

File No. ..... Registered No. 3325

**2. FULL NAME** Louis Sherman

(a) Residence. No. 5837 Maffitt St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | Single |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| About | 28 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Alfred Sherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

14. INFORMANT Morris Friedman
(Address) 5837 Maffitt

15. MAR 17 1929 FILED, 19..... Rudolph C. Marsden REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1929.

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to March 16, 1929 that I last saw h. alive on March 15, 1929, and that death occurred, on the date stated above, at 2 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, tuberculous
23A
24B
(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pulmonary (and generalized) tuberculosis (duration) 8 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Arthur E. Strauss, M.D.
3/16, 1929 (Address) Univ. Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Beth Hamedrash Hagodol | March 18 1929 |
| 20. UNDERTAKER | ADDRESS |
| A. Rindskopf | 5746 Delmar |