

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

Do not use this space.

11006

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **City** District)

File No.....
Registered No. **3038**
St. Ward)

2. FULL NAME

Le Roy Sherwood
(a) Residence, No. **2156 Lafayette Ave.** St., **13** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 30 - 1908.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
21	6	22		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **shirt**
(b) General nature of industry, business, or establishment in which employed (or employer) **Salesman**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER

Geo. Sherwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ill.**

12. MAIDEN NAME OF MOTHER

Lesley Barnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Mo.**

14. INFORMANT

George Sherwood
(Address) **City St. Louis**

15. FILED

4 25 1930 **W. H. Farley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 22 - 1930.**

17. **No Physician in Attendance**
HEREBY CERTIFY, That I attended deceased from

19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **10:00**..... m.

79A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Simple Meningitis

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY **Cause Tuberc**
(SECONDARY)

(duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

3/ (Signed) **W. H. Farley** M.D.

24 1930 (Address) **Def. Corne**

*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

S. S. Peter + Paul

DATE OF BURIAL

3-25-1930

20. UNDERTAKER

Ziegenhein Bros. 2423 Cherokee St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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