

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

Do not use this space.

6259

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 10053
(No. 5844, Page Blvd)

File No.
Registered No. 1289
St. Ward)

2. FULL NAME

(a) Residence, No. 5844 Page Blvd, St. 5 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Horace E. Sherwood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13 1852</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT <u>Frank H. Sherwood</u> (ADDRESS) <u>5844 Page Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Talkall Cem</u> DATE <u>Feb 10 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Drehmann Funeral</u> <u>1905 Union Blvd</u>		
20. FILED <u>FEB - 8 1937</u> <u>W. C. STANLEY</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1937 to Feb 7 1937
I last saw h. W alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:
Septicemia, due to a Gramme infection from traumatic infection - cause unknown
Date of onset

Other contributory causes of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Dr. Wm J. Langan M. D.
(Address) 4803 Ch. Montel av

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.

MARCO REPRODUCED FROM BINDING

V. G. NO. 1

5803 Plymouth

Ca 0720

11-17