

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

Do not use this space.

17728

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1208**
City **St. Louis Mo** (No. **City Hospital 2**)

File No.
Registered No. **4681**
St. Ward

2. FULL NAME

Sherman Shaffer
(a) Residence, No. **1716 N. Newstead St.** Ward. **11**
(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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bell Shaffer				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1893				
7. AGE 38	YEARS 8	MONTHS 4	DAYS 4	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1			
	13. NAME John Shaffer			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
	17. INFORMANT A Gertrude Creath (ADDRESS) City Hospital 2			
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Burial DATE May 13, 1932				
19. UNDERTAKER Boyd & Reynolds (ADDRESS) 4209 W. College Ave				
20. FILED MAY 13 1932 May E. Stanley Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-10-1932**

22. I HEREBY CERTIFY, That I attended deceased from **4-28-32** to **5-10-32**, 19**32**.

I last saw him alive on **5-10-32**, 19**32**. Death is said to have occurred on the date stated above, at **7:30 p.m.**

The principal cause of death and related causes of importance were as follows:
23A Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:
(D) (E)

Name of operation **None** Date of

What test confirmed diagnosis? **Phys. Lab.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19**32**
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?
If so, specify

(Signed) **Condit**, M. D.
(Address) **CITY HOSP. No 2**

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.

