

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

Do not use this space.

24785

791  
1003

File No. \_\_\_\_\_  
Registered No. **6932**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** (No. **3529 Market St.**)

**2. FULL NAME**

**Will Sherin**  
(a) Residence, No. **3529 Market** St., **18** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>Col</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 20, 1902</b>		
7. AGE	YEARS <b>29</b>	MONTHS <b>7</b>
	DAYS <b>3</b>	IF LESS (than 1 day, hrs. or min.)
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>sausage plant</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Laborer #1</b>	
	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) <b>Tenn. ?</b>		
MOTHER FATHER	13. NAME <b>Rack Sherin</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
	15. MAIDEN NAME <b>Mattie Nowlin</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
17. INFORMANT <b>Eunice Ray</b> (ADDRESS) <b>915 Hyde St. Blvd. apt. 3.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>The Cityville</b> DATE <b>7/27</b> , 19 <b>32</b>		
19. UNDERTAKER <b>R. M. C. Green</b> (ADDRESS) <b>3517 Lake Ave.</b>		
20. FILED <b>JUL 26 1932</b> <b>Max C. Starnes</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/23**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **July 21**, 19**32**, to **7/23/32 7:55 P.M. 32**  
I last saw **him** alive on **7-23-32**, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **9:30 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Acute Pneumonia**  
**23A. Chills**  
Other contributory causes of importance: **none**  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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\_\_\_\_  
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) **W. S. Key**, M. D.  
(Address) **4 S. Clayton Ave. St. Louis, Mo.**

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.

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

Don't say

1

01