

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

Do not use this space.

APR 25 1934

7248

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **003**
 City **St. Louis,** (No. **City Hospital**) St. Ward)

File No.
 Registered No. **2132**

2. FULL NAME **Edward Sherlock**

(a) Residence, No. **14254** **Q 7th** St., **23** Ward. (If nonresident, give city or town and State)
 (Usual place of abode) (Can)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24**, 19**34**

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dont know.**

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1 P.** m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 65

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer.**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Odd Jobs.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Fracture of Skull. Laceration of Brain. Fractured R. Leg - (recovered) when struck by automobile
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

Other contributory causes of importance:
210M Accident

13. NAME **Dont know.**

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Accident** Date of injury **Feb 24, 1934**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

15. MAIDEN NAME **Dont know.**

Specify whether injury occurred in industry, in home, or in public place.
Public Place

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know.**

Manner of injury **auto accident**
 Nature of injury **fractured skull etc**

17. INFORMANT **Records St. Vincent De Paul**
 (ADDRESS) **Walter N G Benz**

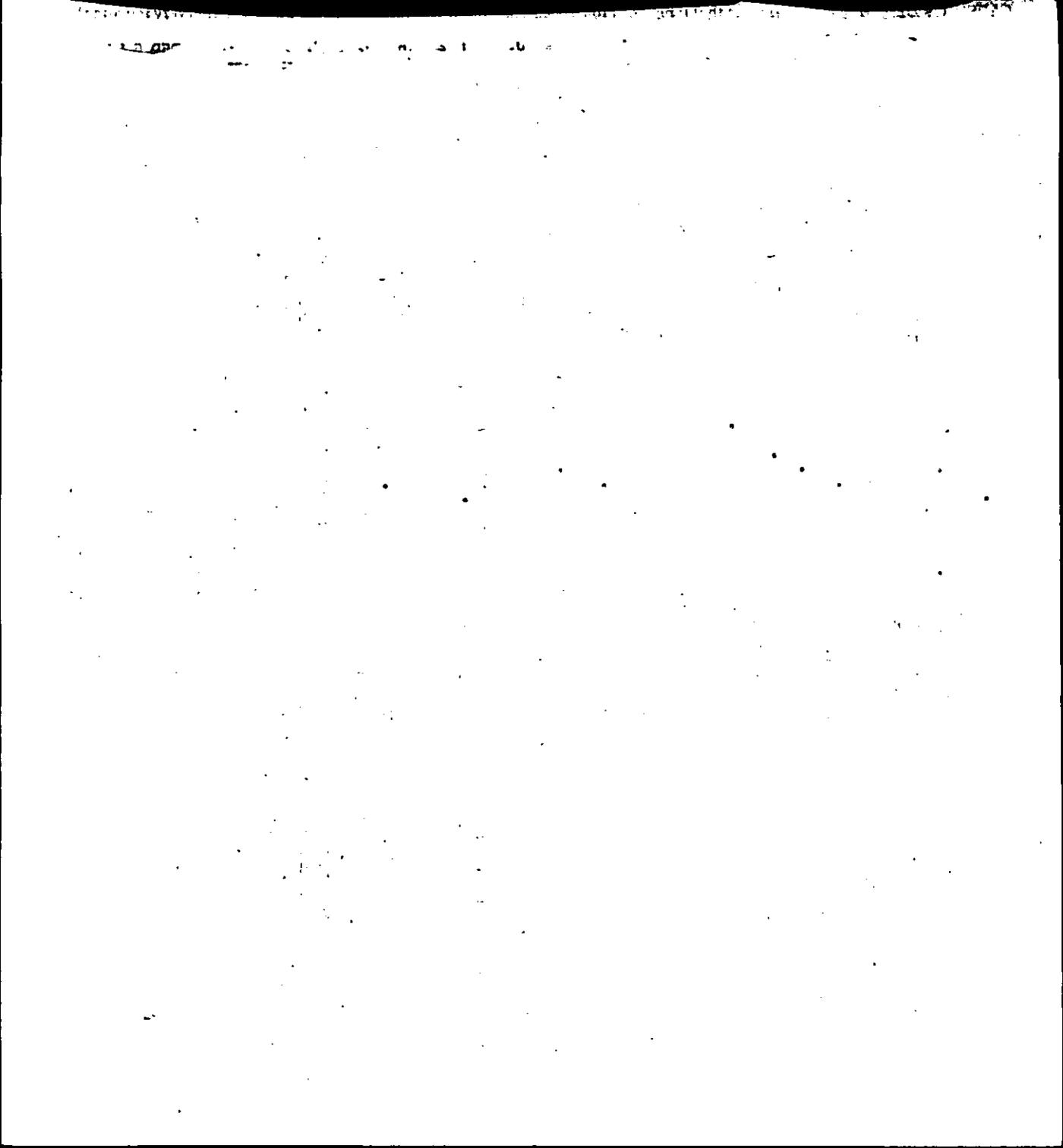
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Mar. 1, 1934.**

19. UNDERTAKER (ADDRESS) **J. H. Beckman, P. & Co. 2842 Laramie St.**

20. FILED **J. H. Beckman** Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
 (Signed) **Garrett P. Phelps** M.D.
 (Address) **St. Louis, Mo.**

CAUSE OF DEATH: ...



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

7248

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hosp)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2132
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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.
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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5-22-34 J. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to... 19... I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

fracture of skull
laceration of brain
roadie St. deg. struck
auto
Date of onset

Other contributory causes of importance:

Ischaemic
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? If so, specify

(Signed) ... M. D.
(Address) ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

8426-7248

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... (No..... St..... Ward.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 122

2. FULL NAME

Edward Shealock

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-6-34 Geo. J. Oradock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

Fracture of skull
dislocation of jaw
fracture of leg
received when struck by automobile
Other contributory causes of importance:
Walked into side of automobile
accident
Deceased was a pedestrian

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 2-23, 1934

Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Nature of injury Struck by automobile
fracture of skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8421(2) - 5