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.

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

Do not use this space.

JUL 14 1936

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 24271

Township ..... Primary Registration District No. ..... Registered No. 5885

City St. Louis (No. Barnes Hospital, St. ..... Ward)

2. FULL NAME Warren W. Sherwood

(a) Residence, No. 108 N. First st. St., NR Ward. Fairfield, Ill
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876-10-1

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Dep't. Labor
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) New York.

FATHER

13. NAME Aaron Ward Sherwood,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

MOTHER

15. MAIDEN NAME Katherine (Unknonw)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

17. INFORMANT (ADDRESS) Mrs. E. D. Stickley, 2404 Bellvue av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ossining, N. Y. DATE 6/7/36, 19

19. UNDERTAKER (ADDRESS) Robert Flanbush Clayton rd. at Concordia Lane.

20. FILED JUN 7 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1936, to 6-6, 1936

I last saw him alive on 6-6, 1936. Death is said to have occurred on the date stated above, at 8:45 a m.

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

Arteriosclerotic heart disease
aortic stenosis
Carcinoma of Colon

Date of onset

Other contributory causes of importance:
Lobar pneumonia (rt lower lobe)

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) Paul Kunkel, M. D.

(Address) BARNES HOSPITAL