

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City Mo. (No. (Menorah Hosp))

399  
Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

44856

File No. \_\_\_\_\_  
Registered No. 5436  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bernard Sherr

(a) Residence, No. 1811 E 43rd 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? 40 yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

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) Lithuania

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sol Sherr  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Shetfield Cem. DATE 12/16/36

19. UNDERTAKER J. P. Louis Funeral Home  
(ADDRESS) 3400 Woodland

20. FILED 12-16 1936 M. M. Crowe, reg  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1936 to 12-16 1936

I last saw him alive on Dec 12/16 1936 Death is said to have occurred on the date stated above, at 2 m.

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

Bronchopneumonia Date of onset 10/12

Other contributory causes of importance: Atherosclerosis

Name of operation Atherosclerosis Date of 12/9/36  
What test confirmed diagnosis? X-ray 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) [Signature] M.D.  
(Address) 1400 Pine Bluff

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.

