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

JAN 10 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 46883

Township ..... Primary Registration District No. 1003 Registered No. 12705

City St. Louis, Mo. (No. 1608 North 9th Street St. ..... Ward)

2. FULL NAME Theresa Sherman

(a) Residence, No. 1608 North 9th Street St., 26 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Late Sanford Sherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th, 1851

7. AGE: YEARS 85 MONTHS 8 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) U.S.

FATHER

13. NAME Joseph Scherer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Mary Ann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Annabell Dominick 1608 North 9th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Dec. 28th 1936

19. UNDERTAKER (ADDRESS) Hy Lindner Mud. Co. 1417 N. Market Ave.

20. FILED DEC 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1936, to Dec. 25, 1936

I last saw her alive on Dec. 25, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

	Date of onset
Chronic Parenchymatous Nephritis	about 1 yr ago
Other contributory causes of importance: Uraemia	Dec 24 196

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? No

If so, specify .....

(Signed) Herman L. Wilson, M. D.

(Address) 2728 N. 11. St

The