

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. 4256 Fairlof ave)

Registration District No. 791  
Primary Registration District No. 1003

File No. 8777  
Registered No. 2245  
St. .... Ward)

2. FULL NAME Arthur Williams Sherriel

(a) Residence, No. 4256 Fairlof St. 11 Ward. 1  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. - 17th - 1937

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

22. I HEREBY CERTIFY That I attended deceased from Jan. - 25th - 1937 to Feb. - 17th - 1937  
I last saw him alive on Feb. - 17th - 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11 - 1888  
7. AGE YEARS 53 MONTHS L DAYS 6 If LESS than 1 day, .... hrs. or ..... min.

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. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meyer Bros  
10. Date deceased last worked at this occupation (month and year) Jan. 5 - 1937  
11. Total time (years) spent in this occupation.....

acute gastrointestinal Hemorrhitation and acute Bronchitis Date of onset Jan. - 25 - 1937  
106a

Other contributory causes of importance: Error in Diet and Expos - ure to cold.

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

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Hattie Martin (ADDRESS) 4256 Fairlof

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2 - 25 - 1937

19. UNDERTAKER Manuel and CO (ADDRESS) 4059 Finney ave

20. FILED FEB 24 1937 J. Bredeck Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis? None 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 None

(Signed) O. W. Johnson, M. D.  
(Address) 1046 a N. Blvd

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.

5766

