

DEC 1 MAR 24 1938

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

8093

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township Clayton Primary Registration District No. \_\_\_\_\_ Registered No. 579350  
(c) City Clayton (d) Street No. St. Louis County Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

CHARLES KENNETH SHERWOOD 130

(a) Residence, No. Edison Rd. & Highway 50 Pond, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-38, 19

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

22. I HEREBY CERTIFY That I attended deceased from 2-8-38, 19, to 2-23-38, 19.

I last saw h. im alive on 2-23-38, 19. Death is said to have occurred on the date stated above, at 6:05 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1879

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 5 2

Carcinoma of stomach

Date of onset

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

Other contributory causes of importance: Hb12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME George Sherwood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Augusta Hora16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Wife  
(ADDRESS)

18. BURIAL: CREMATION, OR REMOVAL

PLACE Holstein, Mo. DATE Feb. 26, 3819. FUNERAL DIRECTOR (ADDRESS) F.W. Nieburg & Co.20. FILED 2-24, 1938 T. R. Nieburg, M.D., M.P.H. Local Registrar.

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) L.M. Auerberg, M.D., M. D.707 (Address) St. Louis County Hosp.

B.D.

(License Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Guy W. Wilkinson*  
Licensed Embalmer No. *35715*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**