

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20508

5410

REG JUL 12 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

1008

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4543 Newberry Terrace. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 17 years
years, months or days)

3. (a) PRINT FULL NAME Mary E. Sherman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife T.S. Sherman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 6th. 1865
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name ? Orfutt
13. Birthplace _____ La.
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace _____ La.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred J Lewis
(b) Address 4543 Newberry Terrace.

17. (a) Burial (b) Date thereof 6-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Parrot & Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 18 1939 (b) J.D. Parrott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 1
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4543 Newberry Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.
year 1939 hour 10 minute 37 P. M.

21. I hereby certify that I attended the deceased from March 1st 1936
1936 to June 16th 1939
that I last saw her alive on June 16th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis, acute 12 hrs
following severe cold.

Due to _____
Due to Chronic myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Opae & Kave (M. D. or other)
Address 4675 Newberry Date signed 6/16/39

Re
1686
C.E. Kane
4625 Newberry
A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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

If this body is not embalmed, above space should be left blank.