

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

26862

REC'D AUG 7 1939

Registration District No. 784

Primary Registration District No. 115

State File No.

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7285 Princeton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 32 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7285 Princeton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 34 years years.

3. (a) PRINT FULL NAME Joseph Sherman 655

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Sherman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 27, 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) U. S. S. R. (State or foreign country)

10. Usual occupation news carrier

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Zavi Sherman

13. Birthplace \_\_\_\_\_ (City, town, or county) U. S. S. R. (State or foreign country)

14. Maiden name Hannah (unk)

15. Birthplace \_\_\_\_\_ (City, town, or county) U. S. S. R. (State or foreign country)

16. (a) Informant's own signature Sol Sherman

(b) Address 7090 Oakland

17. (a) burial (b) Date thereof 7/9/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUL - 8 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1939 hour 1:12 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1938 to July 8, 1939;

that I last saw him alive on July 1, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Lung Duration 1 year

Due to \_\_\_\_\_

Due to 47

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other)

Address 601 Humboldt Bldg Date signed 7/8/39

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

P. O. Address.....

**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.**