

B 2 1 1940

FILED MAR 7 1940

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

8226
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 220 Registered No. 364
 (c) City Jefferson Barracks (d) Street No. Veterans Administration Facility St.
 (e) Length of residence in city or town where death occurred unkn. yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank W. Sherman
 (a) Residence, No. 0 St. Pevely, Missouri.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>9</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

FATHER

13. NAME Earl Sherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

MOTHER

15. MAIDEN NAME Sarah Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

17. INFORMANT M. Schellig
(ADDRESS) Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE 2-23-1940

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister 4120
(ADDRESS) 7814 8. Broadway

20. FILED FEB 21 1940 J.R. May, M.D. PH
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1940.

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1940, to February 19, 1940.
 I last saw him alive on February 19, 1940. Death is said to have occurred on the date stated above, at 11:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Hypertensive and coronary arteriosclerotic heart disease, with marked cardiac enlargement, myocardial damage, and myocardial insufficiency. Unkn.

Other contributory causes of importance: Pneumonia, terminal, both bases. Approx. 2 days.

Name of operation NONE Date of _____
 What test confirmed diagnosis? Phys. exam., autopsy findings YES

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 Cooking
 (Signed) C.W. Hughes, M.D. _____, M. D.
 Chief Medical Officer
 (Address) Vet. Adm. Fac., Jeff. Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

P.W.E.

RECORDED WITH UNFADING INK--THIS IS 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.

1-118605

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.