

13-40  
17-39  
X23159

FILED JAN 15 1941  
Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **791**

(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: Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community life  
years, months or days)

3. (a) PRINT FULL NAME BIRDIE CHARLOTTE SHEETS

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 married

6. (b) Name of husband or wife Dr. Martin E. Sheets, M.D. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 23, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 2 17 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Wm. J. Hazenstab

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Ruff

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant M. E. Sheets

(b) Address 961 S. Skinker

17. (a) entombment (b) Date thereof 12/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 12 1940 (b) J. W. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 961 S. Skinker  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 6, 1940 to Dec 10, 1940 that I last saw he alive on December 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Hypertensive Crisis 2 weeks

Due to Essential hypertension 9 yrs

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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 1

23. Signature J. G. Blake (M. D. or other) \_\_\_\_\_

Address 114 N. Taylor Date signed 12-11-40

7-3  
1040

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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... *Jos. E. McCulloch* .....

Licensed Embalmer No. *2460* .....

P. O. Address *6175 Pelmar* .....

**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, fact should be so stated above.**