

No. 2
4-13-40
5-17-39
I X23159

FILED MAR 25 1941 91

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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:
4715 Bessie Ct.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **8 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis, Mo.** **177**
(If outside city or town limits, write "RURAL")

(d) Street No. **4715 Bessie Ct.** **9**
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **HARRIET H. SHEARD**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **492-10-5350**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **September 8, 1895**
(Month) (Day) (Year)

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

45	5	1	_____ hr. _____ min.
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9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Insurance Co.**

12. Name **Wm. James Sheard**

13. Birthplace **Elgin, Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet Ann Hewitt**

15. Birthplace **Plattsmouth, Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amy M. Sheard**

(b) Address **4715 Bessie Ct.**

17. (a) Burial (b) Date thereof **Feb. 12, 1941.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery.**

18. (a) Signature of funeral director **Wm. M. Schumacher**

(b) Address **4834 Natural Bridge.**

19. Feb 12 1941 (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9th,**
year **1941** hour **1:20** minute **A.** M.

21. I hereby certify that I attended the deceased from
October 23, 1935, to February 9th, 1941;
that I last saw him alive on **February 8, 1941;**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Endocarditis, Streptococcus viridans **9 mos.**
sub-acute

Due to **Cholecystitis, chronic** **2 yrs. +**
No stones

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ **PHYSICIAN**
Of operations _____

Of autopsy **mitral valve vegetation**
and Endocarditis

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) (Country) (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 **31**

23. Signature **Lawrence** (M. D. or other) _____
Address **462 N. Taylor** Date signed **2-10-41**

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

46271 Taylor
JL 8703

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.....

John Fetter

..... Licensed Embalmer No..... 3880

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, fact should be so stated above.