

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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

00  
17  
9

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

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULLNAME George Harold Sherman

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Elizabeth

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: Feb. 6 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace West Henrietta / New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

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

MOTHER FATHER

12. Name Oliver Benedict Sherman

13. Birthplace West Henrietta / New York  
(City, town, or county) (State or foreign country)

14. Maiden name Carolyn E. Colby

15. Birthplace West Henrietta / New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Ceresia

(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 2/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Albert W. Hoppe

(b) Address 4700 Washington Ave

19. (a) FEB 24 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1940 to Feb 22, 1941;  
that I last saw him alive on Feb 22, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

chronic myocarditis

Due to Hydropneumothorax ?

Due to Prostatic Enlargement ?

Other conditions arteriosclerosis ?  
(include pregnancy within 3 months of death)

Duration Sudden

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Prostatic Enlargement

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

Of autopsy Same as above - also spleen & liver congestion

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 984 Arcade Bldg Date signed Feb 24 1941

---

---

**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..... *Alfred H. Burnley* .....

Licensed Embalmer No..... *4202* .....

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.**