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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30246

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7585

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Sanitarium (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 16 yrs

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. 3307 Market St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DELLA SHERMAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Noah Sherman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 25th 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name William Ewing

13. Birthplace (City, town, or county) Miss (State or foreign country)

14. Maiden name Annie Woolen

15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Noah Sherman

(b) Address 3307 Market St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Akins Bros

(b) Address 3644 Finney Ave

19. (a) SEP 19 1941 (Date received local registrar) (b) J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day Sept 16 year 1941 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Sept 16, 1941, that I last saw her alive on Sept 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic — Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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? —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature L. B. Howell (M. D. or other)

Address 2912 Laclede Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.