

FILED JUN 15 1942

1003

Registration District No.

Primary Registration District No.

100
17
9

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

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:
3534 Pennsylvania Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 24 9
(d) Street No. 3534 Pennsylvania Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country,

3. (a) PRINT FULL NAME Nicholas Sheets

3. (b) If veteran, name war None 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 Minnie Sheets nee Stelzleni 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 15, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 19 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.

12. Name Jacob Sheets
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Mesburger
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Sheets
(b) Address 3534 Pennsylvania Ave

17. (a) Burial (b) Date thereof 6/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUN 4 1942 J. J. Bradach
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3,
year 1942 hour 9:30 PM minute M.

21. I hereby certify that I attended the deceased from Oct 25 1941 to June 3 1942
that I last saw him alive on June 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic debility
Duration 7 years

Due to old age
arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 97

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) Means of injury
23. Signature Albert G. Zehardt (M. D. or other)
Address 3438 Chiffon Date signed 6/4/42

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 Francis A. Williamson
Licensed Embalmer No. 3565
P. O. Address St Louis Mo.

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.