

S. No. 2
M. 9-4-41
v. 5-17-39
29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

223287

State File No.

Registration District No. 782

Primary Registration District No. 200

Registrar's No. 1363

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Mo.
(c) Name of hospital or institution:
Pine Crest Nursing Home #24
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(d) Street No. 724 A. Lafayette
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HARNEY ALEXANDER SHEETS.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow ed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Jan 26 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 26 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER
12. Name David Sheets
13. Birthplace Unknown
14. Maiden name Charity Stauffer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary R. Benton
(b) Address 724A Lafayette. St. Louis, Mo.

17. (a) Burial (b) Date thereof 6-24th, 1942
(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) JUN 24 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10th, 1942 to June 22nd, 1942
that I last saw him alive on June 22nd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....
Due to..... PD

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

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

Where did injury occur?.....
(c) 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 R. H. Jansen (M. D. or other)
Address Manchester, Mo Date signed 6/23/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

100129102

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 M. Meyer
Licensed Embalmer No. 3285
P. O. Address Hickwood, Ill.

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.