

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4768

Registrar's No. 1910

Registration District No. 318

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:
1282 Hamilton Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **Lester E. Sherwood**3. (b) If veteran, name war..... 3. (c) Social Security No. **488-07-0139**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**6. (b) Name of husband or wife..... **Marion Brock Sherwood** 6. (c) Age of husband or wife if alive..... **50** years7. Birth date of deceased..... **July 16 1887**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
55 **7** **9** hr. min.9. Birthplace..... **Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Credit Manager**11. Industry or business **W.G. Shelton Co.**12. Name **Horace E. Sherwood**13. Birthplace..... **Ill**
(City, town, or county) (State or foreign country)14. Maiden name **Elizabeth Roberts**15. Birthplace..... **Pa.**
(City, town, or county) (State or foreign country)16. (a) Informant **Earl Sherwood**(b) Address **1282 Hamilton Ave.**17. (a) **Burial** (b) Date thereof **2-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Valhalla Cem.**18. (a) Signature of funeral director **Drehmann-Harral**(b) Address **1905 Union Blvd.**19. (a) **FEB 26 1943** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1282 Hamilton Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr.** day **25**
year **1943** hour **7** minute **30 A.M.**21. I hereby certify that I attended the deceased from **Oct 6 1942** to **Jan 25 1943**
that I last saw him alive on **Jan 20 1943**
and that death occurred on the date and hour stated above.Immediate cause of death **apoplexy (cerebral hemorrhage)**Due to **Hypertension!**Other conditions..... **89**
(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.....
(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 **Wm. J. Langen** (M. D. or other)
Address **5803 1/2 month** Date signed **Feb 26/43**

12 to 1
5803 P. Leguerra
Am. ...

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 *Albert R. Thompson Jr*
Licensed Embalmer No. *4237*
P. O. Address *St Louis*

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.