

FILED JAN 4 1944

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5136 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ida Jane Sherlock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Alfred Frances Sherlock 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December 4, 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 23 If less than one day hr. min.

9. Birthplace St. Genevieve Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name William B. Kenner Mo. 0

13. Birthplace Mary Swink Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Swink Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. J. McCarthy,

(b) Address 4501 Maryland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Pestus, Missouri

18. (a) Signature of funeral director Craig Mortuary  
(b) Address 4468 Washington Blvd.

19. (a) DEC 28 1943 (Date received local registrar) J. J. Breeseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decbr. day 27  
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1940  
19 43 to Dec 27, 19 43  
that I last saw h. alive on Dec. 27, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day  
Arterio-Sclerosis years

Other conditions Chr. Myocardial Deg.  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93  
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?

23. Signature G. William Portel - M.D. (M.D. or other)  
Address 5101 Delmar Bl Date signed 1/28/43

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

**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

*Philip M. Lewis*

Licensed Embalmer No. *3281*

P. O. Address. *4468 Washington*

**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.**