

FILED NOV 1 1944
378

Registrar's No. 9152

Registration District No. _____

Primary Registration District No. _____

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:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether)

In this community Life
years, months or days

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. 104 Aberdeen Pl Clayton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William F Sherman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 20 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85	6	6	hr. min.
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9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Shoe

MOTHER, FATHER {

12. Name Unknown Sherman

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

14. Maiden name Unknown

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

16. (a) Informant Mrs E W Berry

(b) Address 104 Aberdeen Pl Clayton Mo

17. (a) Cremation (b) Date thereof 10 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) OCT 28 1944 (Date received for registration)

J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 1944 hour 1.40 AM minute _____ M.

21. I hereby certify that I attended the deceased from 10-2-44 to 10-26-44, 1944
that I last saw him alive on 10-26-44 and that death occurred on the date and hour stated above.

Immediate cause of death

C-V-R disease

Due to arteriosclerosis

Due to Senility

Other conditions _____
*(Include pregnancy within 3 months of death)

Major findings: 1/21

Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature A. B. Gummels (M. D.)
Address 1116 N. C. [Signature] Date signed 10-27-44

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

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

Shumaker
1116 McConland
4-6-7-8

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....
Edward M. Bennett

..... Licensed Embalmer No..... *3024*

..... P. O. Address.....

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.