

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(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 Orlin Sheer  
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 Married  
6. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Jan 29th, 1883  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Saw Filer

11. Industry or business Palming Mill

12. Name Wm. F. Sheer  
13. Birthplace Quincy, Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Matilda Brooks  
15. Birthplace Liberty, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant wife  
(b) Address 3447 Williams Place

17. (a) Burial (b) Date thereof 11/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix  
(b) Address 3402 N. Kingshighway

19. (a) NOV 2 (b) J. F. Brudeck  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. 3447 Williams Place (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th  
year 1944 hour 10:52 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Nov. 17th 1944  
that I last saw him alive on Nov. 17th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas with metastases and involving gall bladder, bile ducts, stomach, duodenum  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H67

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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) (c) Means of injury \_\_\_\_\_  
23. Signature J. F. Brudeck Address 1515 Lafayette  
Date signed 11/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1986

1986

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**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..... *G. W. Wilkison*  
Licensed Embalmer No..... *3575*  
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.