

Registration District No. _____ 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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 ds.** *0*
(Specify whether

In this community **78 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3902 Lindell Bl.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ *11*

3. (a) PRINT FULL NAME **JOHN CHARLES SHERMAN**

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

4. Sex **male** *0* 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Minnie Jane Sherman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 1, 1866**
(Month) (Day) (Year)

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

78 10 7 hr. min.

9. Birthplace **St. Louis Missouri** *0*
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk of Circuit Crt.**

11. Industry or business _____

MOTHER FATHER { 12. Name **not known**

13. Birthplace **not known** *9*
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known** *9*
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Singer**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **1-11-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander's Sons**

(b) Address **6175 Deanna Blvd**

19. (a) **JAN 10 1945** (b) **J. F. Brediek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8,** year **1945** hour **10** minute **12 AM**

21. I hereby certify that I attended the deceased from **Dec 20**, 19**44** to **Jan 8**, **45**; that I last saw h. **im** alive on **Jan 8**, **45**; and that death occurred on the date and hour stated above.

Immediate cause of death _____ *Duration*

Coronary Embolus **2 min**

Chronic Myocarditis **1944x**

Due to _____

Due to _____

Other conditions _____ *93d*
(Include pregnancy within 3 months of death)

Major findings: _____ **PHYSICIAN**

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **Edwin Gusman Bowler** (M. D. or other) _____

Address **5400 Arsenal St** Date signed **1/8/45**

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 Gas. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6170 Pellmar

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.