

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 6 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **818** Primary Registration District No. **1002** Registrar's No. **2824**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1030 So 9th St. 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 22
(d) Street No. 1030 So 9th St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Sherman
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 5
year 1945 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Congestive Sclerosis
arteriosclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) 94

7. Birth date of deceased Apr (Month) 1868 (Day) (Year)
8. AGE: Years 77 Months Days If less than one day hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation ret.

11. Industry or business.....

MOTHER FATHER
12. Name unk. now
13. Birthplace unk. now 9 (City, town, or county) (State or foreign country)
14. Maiden name unk. now
15. Birthplace unk. now 9 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Callahan
(b) Address 1300 Clark

17. (a) Funeral Home (b) Date thereof 3-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director W. K. ...
(b) Address 3520 Ketchikan

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 W. J. Perry (M. D. or other)
Address Deputy Comm Date signed 3/15/45

19. (a) MAR 23 1945 (Date received local registrar)
J. J. Braddock (Registrar's signature)

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.....

Licensed Embalmer No.....

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.