

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
Missouri Pacific 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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Francois 94  
 (c) City or town Bonne Terre  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 316 N. Division St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Patrick Sherman  
 3. (b) If veteran, name war Nil  
 3. (c) Social Security No. Unknown  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Evens Sherman  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased November 21 1881  
 (Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
63 9 1 hr. min.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 22 year 1945 hour 9 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Aug 5, 1945, to 8/22/45, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death  
Compensatory Heart Failure  
Chronic Myocarditis  
Diabetes Mellitus  
Empyema Thoracis - R.  
 Duration 2 months  
4 yrs  
 Due to \_\_\_\_\_  
 Other conditions 61  
 (Include pregnancy within 3 months of death)

9. Birthplace Platton Missouri 0  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Railroad Engineer  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name William F. Sherman  
 { 13. Birthplace Danby Missouri 0  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Lynch  
 { 15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Mary Sherman  
 (b) Address Bonne Terre, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-45  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Bonne Terre, Missouri  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) AUG 24 1945 (Date received local registrar) (b) [Signature] (Registrar's signature)

Major findings: Empyema - Thoracis R.  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 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?  
 \_\_\_\_\_  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other)  
 Address Mo Pacific Hospital Date signed 8/24/45

MAY 15 1947

MAY 2 1947

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 *Albert S. Happa*

Licensed Embalmer No. *5971*

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.