

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. **22201**
5338
Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community 25 years
(years, months or days)

3. (a) PRINT FULL NAME Edward Davis Sherrick

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

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Elizabeth Sherrick

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 24 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Texas Company

MOTHER FATHER

12. Name W. J. Sherrick

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

14. Maiden name Ella Schissler

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

16. (a) Informant Mrs. E. D. Sherrick

(b) Address 6157 Waterman

17. (a) burial (b) Date thereof 6/17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Park

18. (a) Signature of funeral director Alexander Snow

(b) Address 6175 Delmar

19. (a) JUN 17 1946 (b) J. F. Bresek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")

(d) Street No. 6157 Waterman
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 9

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 8:15 minute _____ M.

21. I hereby certify that I attended the deceased from 4-1-46, 19____ to 6-15-46, 19____;
that I last saw him alive on 6-15-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of the lung - Bronchogenic

Due to Carcinoma

Due to _____

Other conditions (include pregnancy within 3 months of death) None

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations Carcinoma lung

Of autopsy _____

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)

(a) Means of injury 5

23. Signature A. K. Anderson (M. D. or other) 6/18/46

Address 4930 Mayfield Date signed _____

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 *Jos. E. McCulloch*

Licensed Embalmer No. 2960

P. O. Address 6175 Delmar

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.