

No. 2
5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1933
STANDARD CERTIFICATE OF DEATH

35010

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8711**

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

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:
4607a Evans Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4607a Evans Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME MILTON SHEFFIELD

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. --

4. Sex Male 5. Color or race C

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

6. (b) Name of husband or wife Easter

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased unavailable abt. 1886
(Month) (Day) (Year)

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

about 60 - - - hr. min.

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

10. Usual occupation Porter

MOTHER FATHER

11. Industry or business Sel-More Garments Co.

12. Name Henry Sheffield

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

14. Maiden name Martha Provins

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

16. (a) Informant Mary Gaskin

(b) Address 4607a Evans Ave.

17. (a) Burial (b) Date thereof 10-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) OCT 10 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1946 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
(arteriosclerosis)

Due to _____

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____ (e) Means of injury 3

23. Signature Patrick E. Taylor (M. D. or other) _____
Address 1300 Clark Ave. Date signed 12/10/46

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No..... 4259.....

P. O. Address..... 4107 Finney Ave.....

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.