FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29989

Registration District No. 3797 | Primary Registration District No. 6076 | Registrar's No. 1743

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 5-19-47 (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: ~~Missouri~~ Illinois County: St. Clair
(c) City or town: E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 504½ N. Third St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SHERROD, Haywood
3. (b) If veteran, name war: World 1
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: negro
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Alice
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: June 5, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	5	hr. min.

9. Birthplace: DeMopolis, Alabama (City, town, or county) (State or foreign country)
10. Usual occupation: Odd jobs
11. Industry or business:
MOTHER FATHER
12. Name: Wash Sherrod
13. Birthplace: DeMopolis, Alabama (City, town, or county) (State or foreign country)
14. Maiden name: Malicia Goodwin
15. Birthplace: DeMopolis, Alabama (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: 4107 W. Finney, St. Louis, Mo.
19. (a) 8-14-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 10 year: 1947 hour: 1:20 minute: A.M.
21. I hereby certify that I attended the deceased from May 19, 1947, 19..., to August 10, 1947, 19...; that I last saw him alive on August 10, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ILIAC THROMBI; CIRRHOSIS OF LIVER	
Due to:	
Due to: 1242	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: Para Vertebral block 8-9-47	
Of autopsy: Autopsy peformed (See Cause of Death)	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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:

23. Signature: [signature] (M. D. or other)
WILLIAM F. ROSE, M.D.
Address: VAH, Jeff. Brks., Mo. Date signed: 8-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1949

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 Thos 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.