S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33014

Primary Registration District No. 1003

Registrar's No. 8745

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

(d) Length of stay: In hospital or institution: 5 wks (Specify whether years, months or days)

In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 4725 Vernon
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: IKE SHERMAN

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Rose Sherman

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

7. Birth date of deceased: Ab. 1865 (Month) (Day) (Year)

8. AGE: Years: ab. 82 | Months | Days | If less than one day: hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Tailoring

FATHER
12. Name: (Unknown)
13. Birthplace: Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: (Unknown)
15. Birthplace: Russia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ann Stone
(b) Address: 7353 Balson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth

18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson

19. (a) SEP 18 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: SEPT day: 17th year: 1947 hour: 5 minute: 45 a. M.

21. I hereby certify that I attended the deceased from Aug 8, 1947, to Sept 17, 1947, that I last saw him alive on Sept 17, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Cerebral thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)

(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: Julius Elson (M. D. or other)

Address: 607 N. Grand Date signed: 9/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis R. Ludwig

Licensed Embalmer No. 4229

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.