

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**STANDARD CERTIFICATE OF DEATH**

FILED JUN 28 1948  
Registration District No. **318**

Primary Registration District No. **1003**

State File No. **21109**  
Registrar's No. **5501**

**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 **St. Louis City Hosp.**  
(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)

3. (a) PRINT FULL NAME **Sherman L. McBride**

3. (b) If veteran, name war **World # 1** 3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Unk. Unk. 1896**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**52 Unk. Unk.** hr. min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Fireman**

**11. Industry or business**

12. Name **Sherman McBride**  
13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lizette Smith**  
15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Sherman McBride**  
(b) Address **1014 Oakview Place**  
17. (a) Burial (b) Date thereof **6-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**  
18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**  
**JUN 17 1948**  
19. (a) **J. F. Brades** (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **600**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1100 Louisville Ave.** **9**  
(If rural, give location) **0**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **15th.**,  
year **1948** hour **9:40** minute **P.** M.

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

Immediate cause of death **Coronary Occlusion; Coronary Sclerosis**

Due to.....  
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?..... (Specify type of place)  
While at work? (Specify means of injury).....  
23. Signature **Patrick E. Taylor** (M.D. or Ch.F.)  
Address **1500 Clark** Date signed **6-16-48**

MOTHER FATHER

JUL 13 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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.