S. No. 2
I—1/47
. 5-17-39

Removal by motor to Pendleton Churchyard, Doe Run, Mo.

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 510

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24712

Registrar's No. 6667

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: St Louis Children's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 224 East Marceau
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothy Helen Sheets
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13, (Day) 1948 (Year)
8. AGE: Years 0 Months 3 Days 14 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name R. M. Sheets
13. Birthplace Van Buren (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Loretta Bartley
15. Birthplace Middlebrook (City, town, or county) Missouri (State or foreign country)
16. (a) Informant R. M. Sheets
(b) Address 224 East Marceau
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run, Missouri
18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 South Broadway St. Louis, Mo.
19. (a) (Date received local registrar) JUL 29 1948 (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27 year 1948 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from July 27, 1948 to July 27 1948; that I last saw her alive on July 27 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital Heart disease, pneumonia, and diarrhea	
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? (e) Means of injury
23. Signature Don L Thurston (M. D. or other)
Address Children's (Don L. Thurston) Date signed 7/27

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.