

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1948

Registration District No. **517**

Primary Registration District No. **6676**

Registrar's No. **11722**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Twsp Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2834 Endicott
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Twsp Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2834 Endicott
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Frank A. Sheets

3. (b) If veteran, name war NIL 3. (c) Social Security No. 489-12-3478

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 15 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Montgomery County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant owner

11. Industry or business _____

12. Name William H. Sheets

13. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Hendricks

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elias Dennis (brother-in-law)

(b) Address 2834 Endicott-St. Louis (21) Mo.

17. (a) burial (b) Date thereof July 16-1948
(Burial, cremation, or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Missouri

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 2-16-48 (b) Lucas J. Hapner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 11:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 13 1948 to July 13 1948
that I last saw him alive on July 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Duration _____

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature M. S. Sheets (M. D. or other)

Address 601 S. 1st St. St. Louis Date signed 7/15/48

WRITE PLAINLY—USE UNFADING INK

3061

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

Joseph I. Landolt

Licensed Embalmer No. *4189*

P. O. Address *St Charles*

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.