

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14162
3175

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hosp.		d. STREET ADDRESS (If rural, give location) 104 Emerling			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Charles	b. (Middle) Herbert	c. (Last) Sherman	(Month) 4	(Day) 7	(Year) 49			
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/26/01	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 11	IF UNDER 24 HRS. Hours 11	IF UNDER 24 HRS. Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Federal Cold Strg.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Jesse Sherman	13b. MOTHER'S MAIDEN NAME Mamie Britton	14. NAME OF HUSBAND OR WIFE Alice Hart
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-07-6045	17. INFORMANT'S SIGNATURE OR NAME Mark D. Bagleton	ADDRESS 1608 Tower Grove Pl.
--	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema and congestion Retro peritoneal hemorrhage Fracture pelvis supra-inferior struck by automobile driven by Ray Gerber about		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ... DUE TO (c) ...		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 655 ave April 1949 at Vandewater and Hall Bridge.		

19a. DATE OF OPERATION 4/27/49	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar, 49 6:55 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? D.D.
--	--	------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner	(Degree or title)	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 24-8-49
--	-------------------	-----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/49	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
---	---------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 8 1949 G. J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] 6633 Clayton Rd
---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ernest W. Spillar

Licensed Embalmer No.

4080

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.