No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1949

State File No. 28747

BIRTH NO. 38 329-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1846

1. PLACE OF DEATH
a. COUNTY: Co Hospital - St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Co Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ann's Village
d. STREET ADDRESS (If rural, give location): 10460 San Carlos Village St Ann's

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle):
c. (Last): Sherman

4. DATE OF DEATH (Month) (Day) (Year): July 30 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 2 June 1949
9. AGE (In years last birthday): If under 1 year: Months 2 Mos. Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Myron Sherman
13b. MOTHER'S MAIDEN NAME: Ellen Weber
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Myron Sherman, 10460 San Carlos, St. Ann's

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, asthenia, 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) Acidosis due to causes other than diabetes	48 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Deprivation of water	48 hrs
	DUE TO (c)	7886
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Otitis media, acute, non-suppurative	48 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 July, 1949, *to* 30 July, 1949, *that I last saw the deceased alive on* 30 July, 1949, *and that death occurred at* 1:49A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. R. Cohle (Degree or title): M. D.
23b. ADDRESS: 601 So. Brentwood, Clayton 5
23c. DATE SIGNED: 7-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-2-49
24c. NAME OF CEMETERY OR CREMATORY: St Philomena
24d. LOCATION (City, town, or county) (State): Hot Springs, Mo

DATE REC'D BY LOCAL REG.: 7-31-49
REGISTRAR'S SIGNATURE: Herbert R. Hamke, Hlm
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Collier's Fun. Home, 10123 St Charles 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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.