

M.E. BRIDE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39010

State File No. 9917

FILED NOV 25 1949

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS 1014 Oakview Place						
3. NAME OF DECEASED (Type or Print) Sherman L. McBride			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Nov. 17, 1949		(Month)		(Day)		(Year)		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Oct. 28, 1867		
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 19		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY City Fire Captain		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME John McBride			13b. MOTHER'S MAIDEN NAME Fannie Ritter			14. NAME OF HUSBAND OR WIFE Mrs. Ernie McBride		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernie McBride, 1014 Oakview place				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis, etiology?  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fracture, left hip, intertrochanteric Charteris  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 15 years 7 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			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, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		21d. (COUNTY) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 10 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in living room at home 186'				
22. I hereby certify that I attended the deceased from July 5, 1948, to Nov 17, 1949, that I last saw the deceased alive on Nov 17, 1949, and that death occurred at 6:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Stefano Iwona, M.D.				23b. ADDRESS 4307 S. Grand		23c. DATE SIGNED Nov 18, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo. 21		
DATE RECD. BY LOCAL REG. NOV 18 1949		REGISTRAR'S SIGNATURE J. B. Prater		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Connelly		ADDRESS 3840 Lindell Blvd.		

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

have o.k. by Dr. Perry Dept. Coroner  
2 30 20 5  
12307

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 Thomas R. Jewnik

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.