

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6736  
1049

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|   |                           |  |                               |
|---|---------------------------|--|-------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).   |                               |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis  |                           | a. STATE Missouri<br>b. COUNTY   |                               |
| c. LENGTH OF STAY (in this place)   |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis   |                               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br>City Hospital   |                           | d. STREET ADDRESS (If rural, give location)<br>20- 2605 N. Jefferson   |                               |
| 3. NAME OF DECEASED<br>(Type or Print) WILLIAM  |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br>Jan. 26, 1950   |                               |
| a. (First)  |                           | b. (Middle) ***  |                               |
| c. (Last) SHERMAN   |                           |  |                               |
| 5. SEX<br>male  | 6. COLOR OR RACE<br>white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>single   | 8. DATE OF BIRTH<br>(Unknown) |
| 9. AGE (In years last birthday) Abt. 68   |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>nil  |                               |
| 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Missouri  |                           | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |                               |
| 13a. FATHER'S NAME<br>Richard Sherman   |                           | 13b. MOTHER'S MAIDEN NAME<br>Jennie (Unk.)   |                               |
| 14. NAME OF HUSBAND OR WIFE<br>none   |                           |  |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br>yes WW#I   |                           | 16. SOCIAL SECURITY NO.<br>487-22-7665   |                               |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Mamie Wehrenberg   |                           | ADDRESS<br>3014 Winnebago, St. Louis   |                               |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.    |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Chronic Myocarditis<br>DUE TO (c) Arteriosclerosis |                               |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION   |                               |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           |  |                               |
| 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)<br>4221   |                           |  |                               |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               |
| 21f. HOW DID INJURY OCCUR?  |                           |  |                               |
| 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 4:30 P. M., from the causes and on the date stated above. |                           |  |                               |
| 23a. SIGNATURE<br>J. B. Lasater   |                           | 23b. ADDRESS<br>4300 Clark   |                               |
| 23c. DATE SIGNED<br>2/2/50  |                           |  |                               |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>Feb. 3, 1950  |                               |
| 24c. NAME OF CEMETERY OR CREMATORY<br>National Cemetery   |                           | 24d. LOCATION (City, town, or county) (State)<br>Jefferson Barracks, Missouri  |                               |
| DATE REC'D BY LOCAL REG. FEB 2 1950   |                           | REGISTRAR'S SIGNATURE<br>J. B. Lasater   |                               |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br>C. Hoffmeister  |                           | ADDRESS<br>U&L Co. 7814 S. Broadway  |                               |

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

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**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..... NOT EMBALMED.....

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.**