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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 9831	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 0269			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				STREET ADDRESS (If rural, give location) 2205 Hadley Str.			
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) W.		c. (Last) Sheets		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5. 1951	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/13/1898	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) Rural VanBuren, Mo. D	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Sheets		13b. MOTHER'S MAIDEN NAME Amelia Crowley		14. NAME OF HUSBAND OR WIFE Bertha A. Sheets	
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. 497-10-5410		17. INFORMANT'S SIGNATURE OR NAME Bertha Sheets 2205 Hadley Str			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous pneumonia & chr				INTERVAL BETWEEN ONSET AND DEATH 3 wks 3 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Neg Bronchoscopic / peptic Ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR H281	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 1935, 10, to 19, that I last saw the deceased alive on 11/5/51, 19, and that death occurred at 8:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Walker H. Hoyer MD				23b. ADDRESS 3108 South Grand		23c. DATE SIGNED NOV 6 '51	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE 11/8/1951		24c. NAME OF CEMETERY OR CREMATORY Mill Springs Cem		24d. LOCATION (City, town, or county) (State) Mill Springs, Mo.	
DATE REC'D BY LOCAL NOV 7 1951		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock 2117 E. Grand Ave.			

Dr. H. H. H. H. H.  
~~3108 S. Grand~~  
3108 S. Grand  
Co 5172

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.