

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10963

State File No. ....

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>COOKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHICAGO</u> <u>8130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPT.</u>		d. STREET ADDRESS (If rural, give location) <u>2455-W ADAMS</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM BENJAMIN b. (Middle) SHERLOCK c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) FEB. 24 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH JUNE 22, 1928 9. AGE (In years last birthday) 24 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 12 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOLDIER 10b. KIND OF BUSINESS OR INDUSTRY U.S. ARMY 11. BIRTHPLACE (State or foreign country) LUXEMBURG, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES SHERLOCK 13b. MOTHER'S MAIDEN NAME EDNA GILLIAM 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or date of service) KOREAN 16. SOCIAL SECURITY NO. 491-26-0261 17. INFORMANT'S SIGNATURE OR NAME EDNA WILLIAMS ADDRESS 2455-W ADAMS CHICAGO-ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Asphyxiation by drowning. Body found submerged in water at side of Highway 40. Automobile which he was driving collided with another car and then plunged down an embankment.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS ment.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 400 E 8164-26 20. AUTOPSY? YES  NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/24/52 1:50A 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Blunt impact

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 \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE Edna G. Williams (Degree or title) 3 Coroner 22b. ADDRESS Clayton, Mo. 22c. DATE SIGNED 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-27-1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem. 24d. LOCATION (City, town, or county) (State) Pattersonville, Mo.

DATE REC'D BY LOCAL REG. 2-26-52 REGISTRAR'S SIGNATURE Herbert P. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE Baumgardner Brothers Inc. ADDRESS 2504 Woodson Rd. - Overland, Mo.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE 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.....

*Don Hoffman*

Licensed Embalmer No. *366*

P. O. Address *Stevens No.*

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.