

S. No. 300
V. 10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11558

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 312

4000
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IDAHO</u> b. COUNTY <u>PAYETTE</u>	
b. CITY OR TOWN <u>GARDENVILLE</u>	c. LENGTH OF STAY (in this place) <u>3 Mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAYETTE</u> <u>8110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLER NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Box 361</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERCY</u> b. (Middle) <u>(PERRY)</u> c. (Last) <u>W. SHERWIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 4 1952</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 30, 1886</u>	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PUB. Co. MGR.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CROWELL-COLLIER PUB. Co</u>	11. BIRTHPLACE (State or foreign country) <u>NORTH HAMPTON, HENG.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>WILLIAM SHERWIN</u>	13b. MOTHER'S MAIDEN NAME <u>ELIRA MORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE M. G. SHERWIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>W.W.#1</u>	16. SOCIAL SECURITY NO. <u>339-10-7713</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE M. G. SHERWIN</u> ADDRESS <u>758 CHAMBERLAIN W. G.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis with Cardiac</u>		INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES <u>Decompensation</u>			<u>1 week</u>
	II. OTHER SIGNIFICANT CONDITIONS <u>Chr. Arteriosclerosis</u>			<u>1 yr.</u>

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Nov. 30, 1951, to Feb. 4, 1952, that I last saw the deceased alive on Feb. 3, 1952, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. Walters M.D.</u>	23b. ADDRESS <u>3608 S. Grand ABlvd.,</u>	23c. DATE SIGNED <u>2/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME</u> ADDRESS <u>73 W. LOCKWOOD AVE. WEB. GRO.</u>
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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 *John J. Harris*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis Mo*

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.