

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7945

State File No. _____
Registrar's No. 1232

CHEN FEB 25 1953
BIRTH NO. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If in this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2079</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>5525 Goodfellow Ave</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grover</u>	b. (Middle) <u>Cleveland</u>	c. (Last) <u>Shermann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 31 1953</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>December 4 1892</u>	9. AGE (In years last birthday); Months; Days	<u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Leather Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saddlery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry Sherman</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Rankin</u>		14. NAME OF HUSBAND OR WIFE <u>Gora H Sherman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-03-1118</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gora H Sherman 5525 Goodfellow Ave</u>		
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) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Just</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery Disease</u> <u>yes</u> DUE TO (c) <u>High Arteriosclerosis</u> <u>yes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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)		
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? <u>4201</u>		
22. I hereby certify that I attended the deceased from <u>Jan 20, 1953</u> , to <u>Jan 31, 1953</u> , that I last saw the deceased alive on <u>Jan 31, 1953</u> , and that death occurred at <u>11:55 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Carl Smith M.D.</u>			23b. ADDRESS <u>35 N Central - St. Louis</u>		23c. DATE SIGNED <u>2/3/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>February 3 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>	
DATE REC'D BY LOCAL REG. <u>FEB 2 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F Feuts 4828 Nat Bridge Blvd</u>	

Do-9100
2-5-7
M.D.P.M.

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 Ralph C. Lindas

Licensed Embalmer No. 4275

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.