

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14873

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3642

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 hr		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 12 5028 Raymond Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) c. (Last) Shermer		4. DATE OF DEATH (Month) (Day) (Year) 4 - 11 - 1956	
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/13/1884
9. AGE (to years last birthday) 71		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton B. Stewart		13b. MOTHER'S MAIDEN NAME Rosa Wilson	
14. NAME OF HUSBAND OR WIFE William D. Shermer		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. none		17. INFORMANT'S SIGNATURE OR NAME Miss Laura Stewart, 5028 Raymond Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Gen. Cerebrovascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>accident</u> <u>broncho pneumonia</u> DUE TO (c) <u>dehydration</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>dehydration</u> 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4502a	
20. AUTOPSY? 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)	
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 <u>Oct</u> 19 <u>55</u> , to <u>4-10</u> , 19 <u>56</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE Warren M. Lonergan (Degree or title)		23b. ADDRESS <u>457 N. Kingshighway</u>	
23c. DATE SIGNED <u>4-11-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4/13/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	
25. ADDRESS 1905 Union Blvd.		DATE REC'D BY LOCAL REG. APR 12 1956	
REGISTRAR'S SIGNATURE J. Earl Smith M.D.		26. (Licensed Embalmer's Statement on Reverse Side)	

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

Dr. W. Loneragan
457 N. Kingshighway
Wed. 2 - all afternoon
No Thurs. hrs.

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.....
Signature of Student Embalmer

Signed *Albert R. Shroy*.....

Licensed Embalmer No. *423*.....

P. O. Address *St. Louis*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.