FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22890
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6143

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 733 S. Vanderventer — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 5070 Beacon Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: EDWARD Middle: LOUIS (Szramkowski) Last: SHERMAN		4. DATE OF DEATH Month Day Year: July 1, 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Sept 11, 1906
9. AGE (In years last birthday): 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attd.	10b. KIND OF BUSINESS OR INDUSTRY: Clark Oil Co.	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Szramkowski		14. MOTHER'S MAIDEN NAME: Agnes Stelmaszewski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO.: 488-28-7170	17. INFORMANT: Robt. Szramkowski Address: 5070 Beacon Av.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Internal Hemorrhage following a gunshot wound of the Right Lung; suffered when shot in Clark's Service Station at 733 So. Vandeventer Ave., on July 1st, 1957, at about 4:00 A.M., at the hands of party or parties unknown;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): E981X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See Above

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: 4:00AM 7-1-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): In Service Station

20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Louis, Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at About 4:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Quinn Deputy for

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 7/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7/3/57	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR: JOHN STYGAR & SON — ADDRESS: 5541 RIVERVIEW BLVD.		25. DATE RECD. BY LOCAL REG.: JUL 2-57	26. REGISTRAR'S SIGNATURE: J Carl Smith, MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. J M Pister

Licensed Embalmer No. 39

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( ) 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.