MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013674

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1106

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn
Length of stay in 1b: 60 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shamrock Rest Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Northwoods
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4521 Stivers Ave.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: T. Last: SHERMAN

4. DATE OF DEATH Month: April Day: 6 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-8-1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 2 Days 29
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retired Govt. Employee
11. BIRTHPLACE (City and state or country): Argonne Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Henry Sherman
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Adeline Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles Sherman Address: 4521 Stivers Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 6-7 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's Disease
Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/29/62 to 4/6/62 and last saw her/him alive on 4/5/62
Death occurred at 8 05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Murray Chinsky M D (Degree or title)
22b. ADDRESS 6223 Nat. Bridge
22c. DATE SIGNED 4/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr. 9, 1962
23c. NAME OF CEMETERY OR CREMATORY New Athens Cemetery
23d. LOCATION (City, town, or county) (State) New Athens, Illnois

24. FUNERAL DIRECTOR A. H. Bocklage ADDRESS 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 4-7-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Laurence O. Gerling

Licensed Embalmer No. 4979

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.