

REC'D JUN 8 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**19715**  
 Do not use this space.

1. PLACE OF DEATH *St. Louis* 3  
 (a) County *St. Louis* 1 Registration District No. *837*  
 (b) Township *Castor* Primary Registration District No. *6099* Registered No. \_\_\_\_\_  
 (c) City *Country Home* (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred *7* yrs. *11* mos. *11* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME *Monroe T. Sherree* 40  
 (a) Residence, No. *Country Home* St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1954*  
 7. AGE YEARS *84* MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farm Hand*  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 FATHER 13. NAME *Don't know*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 MOTHER 15. MAIDEN NAME *Don't know*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) *Mr. Henry Bloomfield, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Country Home* DATE *4/26* 1938  
 19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
 20. FILED *Apr 30* 1938 *Dr. Edw Ford* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 25* 1938  
 22. I HEREBY CERTIFY, That I attended deceased from *March 17* 1938 to *April 25* 1938  
 I last saw him alive on *April 25* 1938. Death is said to have occurred on the date stated above, at *12* p.m. *night*.  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Interstitial Nephritis*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: *21*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify *John A. Wilson*, M. D.  
 (Signed) *Bloomfield, Mo.* (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**