REC'D JUL 12 1938

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

20765
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City
(d) Street No. City Hospital #1, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5904

2. PRINT FULL NAME Bernard Sheran, 650
(a) Residence, No. City Infirmary, St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown abt 1874
7. AGE: about 64 YEARS; MONTHS: x; DAYS: x; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Foreman
10. Date deceased last worked at this occupation (month and year): 1928
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri 0

FATHER
13. NAME: James Sheran 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri 0

MOTHER
15. MAIDEN NAME: Margaret Monnihan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri.

17. INFORMANT (ADDRESS): J. Hamm. 1138 N. 6th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: July 1st 1938
19. FUNERAL DIRECTOR (ADDRESS): Bernard Sheran 1138 N 6th St
20. FILED: JUN 30 1938 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:
Fractured skull, suffered when deceased jumped from porch at the City Infirmary, on June 27th, 1938, at about 5:15 P.M. Suicide.
Date of onset
Other contributory causes of importance
169
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 6/27, 1938
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury see above
Nature of injury see above
24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
50M-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Frank N. Julian; Licensed Embalmer No. 2915

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 Frank N. Julian

Licensed Embalmer No. 2915

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.)