

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30917

Do not use this space.

791
1003

Registered No.

8354

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. City Hospital 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.

2. PRINT FULL NAME

Elmer W. Sherman
 (a) Residence, No. 4546 San Francisco Ave. St. 10
 (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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lulu Sherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1887.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 8 15

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

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

13. NAME Joseph Sherman 9
 14. BIRTHPLACE (CITY OR TOWN) Not known 9
 (STATE OR COUNTRY)

15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Lulu Sherman
 (ADDRESS) 4546 San Francisco Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE Sept. 26, 1938

19. FUNERAL DIRECTOR (NAME) Charles H. Kron Funeral Home
 (ADDRESS) 4811 Washington Bl.

20. FILED SEP 24 1938
J. J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23rd 19 38

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 11:35 AM

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy;
CONTRIB: Fatty Degeneration
of Liver.

Date of onset

Other contributory causes of importance:
 1248

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?..... 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 See above.
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO.
 If so, specify.....
 (Signed) Chas. H. Kron M. D.
 (Address) 4811 Washington Bl.

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, _____

ELTON R. H. TREMELIUS, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Elton R. H. Tremelius

Licensed Embalmer No. 3154

3948² Hwy Ave.

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 this body is not embalmed, above space should be left blank.