

FILED FEB 17 1939

STANDARD CERTIFICATE OF DEATH

State File No. _____

100
100Registration District No. 201

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 1008

- (a) County 3
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None 805^a Market St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community None years, months or days)

8. (a) PRINT FULL NAME Donald Sherwood 530
 8. (b) If veteran, name war None 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 25 hr. _____ min.

9. Birthplace Unknown
 (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Dempsey's Hotel 9

- MOTHER FATHER
 { 12. Name Unknown 9
 { 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred J. Perry
 (b) Address Coroners Office

17. (a) Burial (b) Date thereof Jani 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Salina Kansas

18. (a) Signature of funeral director Petz Brothers 007
 (b) Address 3029 Lafayette Ave

19. (a) JAN 5 1939 (b) J. H. ...
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: 0

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1411 Hogan St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
 year 1939 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

- Immediate cause of death Oedema of the
Brain
Pacsi meningitis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

- Major findings: 190
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work _____ (Specify type of place)
 Means of injury _____
 23. Signature Alfred J. Perry (M. D. or other) _____
 Address Deputy Coroner Date signed 12.29.39

10001
10001

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.....

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

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.