

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5213

1. PLACE OF DEATH:

(a) County Homer G. Phillips Hosp.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips, Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown
 (Specify whether
 In this community unknown
 years, months or days)

3. (a) PRINT FULL NAME David B. Sherwood 630

3. (b) If veteran,

name war no

3. (c) Social Security

No. 355-1276244. Sex male5. Color or
race col.6. (a) Single, widowed, married,
divorced marr.6. (b) Name of husband or wife
Zetta Sherwood6. (c) Age of husband or wife if
alive 28 years7. Birth date of deceased Feb. 2 1909
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
31 4 13 hr. min.9. Birthplace: Richston Miss
(City, town, or county) (State or foreign country)10. Usual occupation Section Hand11. Industry or business Southern R.R.12. Name unknown18. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. (a) Informant's own signature Zetta Sherwood(b) Address 12199 A Grand17. (a) removal (b) Date thereof 6, 17, 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation E. St. Louis Ill.18. (a) Signature of funeral director C. T. Nash(b) Address 111 N. 13th St. E. St. Louis19. (a) JUN 17 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1925 A Linden
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 4 minute A. 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
Septicemia; Gangrene of the Scrotum;
CAUSE AND MANNER COULD NOT BE
DETERMINED:

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 98

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) (e) Means of injury _____23. Signature J. F. Bredek (M. D. or other)Address Admiral's Date signed _____

STATEMENT BY LICENSED EMBALMER

note

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.....

C. J. Nash

Licensed Embalmer No.

2432

P. O. Address.....

3844 Page Bld.

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.