

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003State File No. 30541
Registrar's No. 7818Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

- REC'D OCT 25 1940
- (a) County _____
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 27 days
(Specify whether _____)
In this community 2 yrs
years, months or days

3. (a) PRINT FULL NAME MAY SHERMAN SNARE3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced or widowed
6. (b) Name of husband or wife W.P. Snare 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 19 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 29 If less than one day _____ hr. _____ min.9. Birthplace Unknown (City, town, or county) (State or foreign country) 910. Usual occupation at home11. Industry or business Widow Sherman12. Name William Sherman13. Birthplace Michigan (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Brown15. Birthplace New York (City, town, or county) (State or foreign country)16. (a) Informant's own signature C. Kurrung(b) Address East St. Louis Ill.17. (a) removal (Burial, cremation, or removal) (b) Date thereof SEP 19 1940
(Month) (Day) (Year)(c) Place: burial or cremation Snareville, Illinois18. (a) Signature of funeral director C. Kurrung(b) Address East St. Louis Ill.19. (a) SEP 19 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County St. Clair
(c) City or town East St. Louis NR
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Hazel
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1940 hour 6 minute 55 P.M.21. I hereby certify that I attended the deceased from 8-23, 1940 to 9-18, 1940;
that I last saw h. or alive on 9-18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinomatosis

Due to _____

Due to HOOther conditions _____
(Include pregnancy within 3 months of death)Major findings: Adenocarcinoma &Of operations widespread metastasis, inoperableOf autopsy Carcinoma of gall bladder
& metastasis: (with complete)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Wesley A. Barton (M. D. or other) _____Address BARNES HOSPITAL Date signed 9/18/40

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.....

C. E. Kennedy
.....

Licensed Embalmer No. *3162*

P. O. Address. *East St Louis Ill*

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.