

Registration District No. 784

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Wilson Jimer Sherfy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Sherfy 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 14, 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madison Co., Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Own farm

12. Name Abraham Sherfy

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Palmer

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosel Martin

(b) Address Cranite City, Ill.

17. (a) Removal (b) Date thereof 12/1/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funer. Hlly., Ill.

18. (a) Signature of funeral director Abraham Sherfy

(b) Address Ballwin, Mo.

19. (a) NOV 29 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Manchester, Mo. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Manchester Hills  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1940 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1939 to November 29, 1940,  
that I last saw him alive on November 28, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

Due to arteriosclerosis

Due to 936

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B. R. Koving, MD (M. D. or other) MD

Address Ballwin, Mo. Date signed 11/29/40

**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 *Theo. Schrader*  
Licensed Embalmer No. *3066*  
P. O. Address *Dallwin 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, fact should be so stated above.