

No. 2
1-13-40
-17-39
X23159

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8809

State File No.

2219

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo. 22 days
(Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5800 Arsenal
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Felicity Sherman

3. (b) If veteran, name war.....

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9
year 1941 hour 10:45 minute..... P. A. M.

21. I hereby certify that I attended the deceased from Sept. 23, 1940, to Mar. 9, 1941
that I last saw her alive on Mar. 9, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months Days If less than one day
hr. min.

Immediate cause of death
Rupture of foot left
arteries sclerotic.

Due to.....

Due to.....

Other conditions Branches of Pneumonia
(Include pregnancy within 3 months of death)

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Louis Leviare

13. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Unknown

15. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant John Sullivan

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof MAR. 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Thos. Curtis & Son

(b) Address 2906 Bequa's

19. (a) MAR 10 1941 (b) J. H. Budeak
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? (a) Means of injury HR

23. Signature Robert E. Shank (M. D. or other)
Address 5800 Arsenal Date signed 3/10/41

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

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.....

Geo Budd

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Geo Budd

Licensed Embalmer No. *3989*

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, fact should be so stated above.