

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8819

State File No. _____

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No. 2229

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
2206 Warren St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 172.0
(If outside city or town limits, write "RURAL")

(d) Street No. 2206 Warren St. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Jennie Sherman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Richard Sherman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 3, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation housework

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Sherman

(b) Address 2206 Warren St

17. (a) burial (b) Date thereof Mar. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1941 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from March 4th 1941 to March 8th 1941
that I last saw h. alive on March 8th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Severe Bronchial Asthma.

Due to Arterial Fibrosis due to age -

Other conditions _____
(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury SA

23. Signature Alfred M. Tice (M. D. or other) D

Address 4244 W. Florissant Date signed 3/10/41

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

Charles J. Goulash

Licensed Embalmer No. *22777*

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.