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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9157**
Registrar's No. **2567**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(c) Name of hospital or institution **5565 St. Edwards**
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **5565 St. Edwards St.**
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Theodore E. Sheets**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife **Louise J. Sheets** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Dec. 31 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 19 hr. min.

9. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Retired**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Louise E. Sheets**

(b) Address **5565 St. Edwards St.**

17. (a) **Burial** (b) Date thereof **3-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **MAR 22 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **20**
year **1941** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Mar 19**, 19**41**, to **Mar 20**, 19**41**, that I last saw him alive on **Mar 20**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **arteriosclerosis**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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 **H. F. Bergman** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **3/20/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5601 A# Francis,

7-9 PM

11205 180

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 Warren A Carve

Licensed Embalmer No. 3534

P. O. Address.....

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.