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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13187  
Registrar's No. 3617

Registration District No. 791

Primary Registration District No. 1003

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 BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 days  
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6245 Columbia Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SIGNES BLAIR SHEETS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. April 22nd 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 0 6 hr. min.

9. Birthplace Fayette County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Practical Nurse

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas B. Sheets  
13. Birthplace Frostberz Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth N. Mahara  
15. Birthplace Blomenburg Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Saylor  
(b) Address 6245 Columbia Ave.

17. (a) Burial (b) Date thereof. 4-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 28 1941 (b) J. W. Bredeh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1941 hour 3:05 minute A.M.

21. I hereby certify that I attended the deceased from March 27, 1941, to April 28, 1941;  
that I last saw her alive on April 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Carcinoma of Gall Bladder  
with metastases

Due to.....  
Due to.....  
Other conditions Cystitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature HR Berner, M.D. (M. D. or other)  
Address BARNES HOSPITAL Date signed.....

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

0  
7  
9

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 Remond H. Lohman

Licensed Embalmer No. 3395

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.**