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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39562

State File No. _____

FILED DEC 2 1941

Registration District No. _____

Primary Registration District No. 115

Registrar's No. 2386

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
746 East Gate Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 746 East Gate Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1941 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from
SEPT. 9, 1941 to NOV. 25 1941;
that I last saw her alive on NOVEMBER 25 1941
and that death occurred on the date and hour stated above.
Immediate cause of death PULMONARY EDEMA

Duration
3 DAYS

3. (a) PRINT FULL NAME Ella Sherwood

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

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

6. (b) Name of husband or wife Frank Sherwood 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 10 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Raymond Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Bowles

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

14. Maiden name Anna Crawford

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

16. (a) Informant Frank Sherwood

(b) Address 746 East Gate Ave.

17. (a) Burial (b) Date thereof 11-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem. Drehmann-Harral

18. (a) Signature of funeral director _____
(b) Address 1905 Union Blvd.

19. NOV 27 1941 (Date received local registrar) (c) G. Mc Larran (Registrar's signature)

Due to STREPTOCOCCUS VIRIDANS
ENDOCARDITIS

3 MONTHS

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Mrs. Heideman (M. D. or other) M.D.

Address 333 METROPOLITAN BLDG. Date signed 12/6/41

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

6
513

096
5

DEC 28 1961
[Handwritten signature]

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

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.

1231 10 1961