. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35905

FILED DEC 1 1942

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 9748

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:
Homer G. Phillips Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution enroute to Hosp
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
17
7

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2205 Dickson Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Sherman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 25 (Day) 42 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 40 min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Fred Sherman 1
13. Birthplace Tunica (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Annie Eunice Dawson 1
15. Birthplace Earl (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Esther M. Sherard, RR 2
(b) Address 2601 N. Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ray Adams
(b) Address City Health Dept

19. (a) NOV 23 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

OT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 42 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8:40 pm
9 - 25, 1942 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Unknown	
Due to Unknown 1 2	
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

23. Signature [signature] (M. D. or other)
Address 2601 N. Whittier St. Date signed 11-23-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, above space should be left blank.