

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11912

FILED APR 1 1944

State File No. _____

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 44

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles⁹²

(c) City or town St. Charles³
(If outside city or town limits, write "RURAL")

(d) Street No. 1427 North Fifth St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Henry Sheets

3. (b) If veteran, name war No

3. (c) Social Security No. 702-05-9193

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1944 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 1944 to Feb 28 1944
that I last saw him alive on Feb 28 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Slorence (Kendall) Sheets 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: September 3 1873
(Month) (Day) (Year)

Immediate cause of death Uraemia Duration 5 days

Due to chronic nephritis, atherosclerosis and hypertension

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 61

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

70 5 25 hr. min.

9. Birthplace Lincoln County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Wabash Railroad

12. Name Henry Sheets

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Green

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

16. (a) Informant Mrs. Slorence Sheets

(b) Address 1427 N. Fifth, St. Charles, Mo

17. (a) Burial (b) Date thereof Mar 1 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. A. Dellmeyer & Sons Co.

(b) Address 901 N. Second, St. Charles, Mo.

19. (a) 3-1-44 (b) Amst. to Phil
(Date received local registrar) (Registrar's signature)

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 Wesley A. Schumder (M. D. or other) MD
Address St. Charles, Mo Date signed 2/29/44

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

MAR 23 1949

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-25-44

APR 3 1949

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 John E. Hallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.