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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

State File No. **22198**

**FILED** JUL 31 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **5454**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) **1 YR.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **000**

(c) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1000 N. BROADWAY**  
**Memorial** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **CHARLES 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 **BESSIE M.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **NOV 24 1887**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>58</b>	<b>6</b>	<b>22</b>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **POULTRY**

12. Name **ELIAS B. SHEETS**

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

14. Maiden name **MARGARET WILSON**

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

16. (a) Informant **MRS. C. E. SHEETS**

(b) Address **231 So. PROSPECT AV. SEDALIA MO.**

17. (a) **BURIAL** (b) Date thereof **6-19-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SEDALIA MO.**

18. (a) Signature of funeral director **HOWARD F. ROWLAND**

(b) Address **4355 WASHINGTON AV.**

19. (a) **JUN 19 1946** (Date received local registrar) **J. F. Bradock** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **16th**  
year **1946** hour **6:15** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **6/15/46**  
\_\_\_\_\_, 19\_\_\_\_, to **6/16/46**, 19\_\_\_\_;  
that I last saw h. **in** alive on **6/16/46**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Undetermined**  
**Intoxication -**  
Due to **cause undetermined** of **2 wks**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **127**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Report later**

**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) (Specify type of injury)

23. Signature **1515 Lafayette** **6/17/46** (other)  
Address Date signed

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

6 18 75  
T.M.P.

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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 Peter B. Dubrouille

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

**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.**