

FILED JAN 27 1947

Primary Registration District No. 6076

Registrar's No. 168

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7512 St. Charles Rock Road
(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 Missouri (b) County St. Louis

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

(d) Street No. 7512 St. Charles Rock Road
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Sheets

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Frances (Henricks) Sheets, deceased

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

7. Birth date of deceased December 27 1864
(Month) (Day) (Year)

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

82	0	25	hr. min.
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9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business American Car & Fdy Co

MOTHER FATHER { 12. Name Henry Sheets

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

14. Maiden name Marie Green

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

16. (a) Informant Mrs. Emil Boschart

(b) Address 7512 Rock Road - St. Louis 14, Mo

17. (a) burial (b) Date thereof Jan 26 - 1947
(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. C. Hallmeyer & Sons Co

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 2-24-47 (b) Ruby Hallett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day January
year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 22
4 to 1947,
that I last saw him alive on Jan. 22, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to St. Hemiplegia - 1 day

Due to 83

Other conditions: arteriosclerosis
(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 American Med (M. D. or other) M.D.

Address 508 No. Grand Date signed 1/24/47

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

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.....

Herbert C. Wallmeyer....., Registered Apprentice No. *429*
working under my personal supervision.

Signed.....

Joseph I Landolt
Licensed Embalmer No. *4189*

P. O. Address..... *St. Louis*.....

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.