

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3764

State File No.

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0529

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>5 1158 BLACKSTONE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>	b. (Middle) <u>NMN</u>	c. (Last) <u>Sherman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 16 53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>NOV 10-1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOEWORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>ISAAC SHERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>49-301-1632</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS SHERMAN</u>	ADDRESS <u>761 HEMAN</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-arachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Luetic heart disease</u>			<u>5 yrs.</u>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia rt. lung</u>			<u>8 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>023 X</u>
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22. I hereby certify that I attended the deceased from Jan. 7, 1953, to Jan. 16 1953, that I last saw the deceased alive on Jan. 16, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>FR Braille</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>1/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMETH</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 17 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rindorff, Inc.</u>	ADDRESS <u>5216 Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John Ketter*

Licensed Embalmer No. *3880*

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.