

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1992

State File No.

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5201

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 town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1010a Loughborough</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1010a Loughborough</u>			d. STREET ADDRESS (If rural, give location) <u>1010a Loughborough</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles B. Sherman</u>			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 10, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>roll collector, City of St. Louis</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New Mexico</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown Sherman</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Sherman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Sherman 1010a Loughborough</u>	

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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Rectum and Sigmoid Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>154X</u>		

22. I hereby certify that I attended the deceased from Jan 9, 1952, to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. B. Bradford</u>	23b. ADDRESS <u>D.O. 79603 So. Budy</u>	23c. DATE SIGNED <u>5-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 25 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SOUTHERN FUNERAL HOME 6922 S. GRAND BLVD.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PENCIL MARK

Dr. John Crawford

9603 S. Brady

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

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 19902

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5201

On this _____ day of _____, 194____, before me appears _____

for *Charles B. Sherman* ^{who, upon} ~~oath~~ ^{oath}, states that the original record of ^{birth} ~~death~~ ^{death} ~~1953~~ ⁵⁻²²⁻ _____, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read *Sept. 10 - 1878*

Instead of _____ *1877*

Item No. 9 should read *age 74*

Instead of _____ *75*

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant *Ella Sherman Inf.* Relationship.

1010^e - Loughborough.
Present Address.

Subscribed and sworn to before me this 2 day of *June*, 1943

My Commission expires 3-4-57 _____
Ella C. Paddock Notary Public.

Standard Form Containing

135
3
7817

1953

S-19902