

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7197-61-031104  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7197

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN East St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY-HOSPITAL-#1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1118 Market Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First Middle Last MARION JAMES SHERROD				4. DATE OF DEATH Month Day Year August 2, 1961													
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/17/29		9. AGE (last birthday) 32		IF UNDER 1 YEAR Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Lewin Metals Corp.		11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.									
13a. FATHER'S NAME LEON SHERROD				13b. MOTHER'S MAIDEN NAME (UNKNOWN) HALL				14. NAME OF HUSBAND OR WIFE BARBARA SHERROD									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9/5/52 - 8/25/54				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address E. St. Louis, Ill. Barbara Sherrod, 1118 Market Street,											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sodium fluoride poisoning DUE TO (b) self-ingested in home at DUE TO (c) 1753 Carver Lane on August 2, 1961 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suicide 971.7										INTERVAL BETWEEN ONSET AND DEATH							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (See above)													
20c. TIME OF INJURY Hour a.m. p.m. 8-2-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION St Louis Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE Joseph M. Zuercher Deputy Town						22b. ADDRESS 1200 Clark			22c. DATE SIGNED 8-3-61								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 8/8/61		23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri									
24. FUNERAL DIRECTOR Marion Office 2114 Missouri Avenue E. St. Louis, Illinois					25. DATE RECD. BY LOCAL REG. AUG 3 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.										

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Prokopp

Licensed Embalmer No. 4356

P. O. Address Shawnee, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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