

FILED July 27 1945

Registration District No. 5197

Primary Registration District No. 6079

1. PLACE OF DEATH:

(a) County St Genevieve
(b) City or town Weingarten Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Genevieve Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 years (Specify whether years, months or days)
In this community 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Genevieve
(c) City or town Weingarten Mo Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cristopher C. Sherlock

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race sw 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ira Sherlock 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased 12 24 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Dron Mountain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER
12. Name Josiah Sperlock
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Mary Lueths
15. Birthplace Ireland 6 (City, town, or county) (State or foreign country)

16. (a) Informant Ira Sherlock
(b) Address Weingarten Route 1 Mo
17. (a) Burial (b) Date thereof 6 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aulsbury Church

18. (a) Signature of funeral director E. J. Bayer
(b) Address Depeze Mo
19. (a) July 27 1945 (b) T. W. Douglas
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 2 minute 30 AM/PM
21. I hereby certify that I attended the deceased from June 19 1945
to June 19 1945
that I last saw him alive on June 19 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration 1 hr

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no 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? _____
(Specify type of place) (e) Means of injury 2
While at work? _____
23. Signature L. Orbanfield (M. D. or other) MD
Address Farmington Mo Date signed 6/27/45

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

75
05
00

95
0
0

706

RECEIVED

7/26/45

District Health Officer No. 4

District File Number 745-882

Date Filed 7/26/45

AUG 2 1945

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 E. Z. Boyer

Licensed Embalmer No. 1621

P. O. Address Deerpath Ave

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.