WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

~~20613~~ 20515

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township Central — Primary Registration District No. 4469 — Registered No. 32
City Brentwood (No. 1521 North & South Rd St. Ward)

2. FULL NAME Ella Sherrett
(a) Residence. No. 1521 North & South Rd. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Abt. Sept 1860
7. AGE: About 70 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): miss
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): miss

14. INFORMANT: Wm. Veazey
(Address) 1521 North & South Rd.
15. FILED 6/21, 1930 Mercedes Schuster, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 20 1930
17. I HEREBY CERTIFY, That I attended deceased from June 20 30, to June 20 30, that I last saw her alive on June 20 30, and that death occurred, on the date stated above, at 1:20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilitation
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) W. F. O'Malley, M. D
6/21/30 (Address) Webster Groves Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: 6-23. 1930
20. UNDERTAKER: McLaughlin — ADDRESS: 23 W. Lockwood Webster Groves.