

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39723

State File No. ....

FILED DEC 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10910**

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) \_\_\_\_\_

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Enroute City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **2257**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **221 So. Broadway**

3. NAME OF DECEASED

a. (First) **Sylvester** b. (Middle) **William** c. (Last) **Sherrill**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 8, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **March 29, 1882**

9. AGE (In years last birthday) **69**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**

10b. KIND OF BUSINESS OR INDUSTRY **Odd Jobs**

11. BIRTHPLACE (State or foreign country) **Arcadia, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **George Sherrill**

13b. MOTHER'S MAIDEN NAME **Mary Jane Pinkley**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ollie Tate, 2620 Arthur Ave.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_

ANTECEDENT CAUSES **Tuberculosis, Bilateral**

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **RO 2X**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick E. Taylor, 3 Coroner**

23b. ADDRESS **1320 Clark**

23c. DATE SIGNED **12/10/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **12-9-51**

24c. NAME OF CEMETERY OR CREMATORY **Woodlawn**

24d. LOCATION (City, town, or county) (State) **Leadington, Mo.**

DATE REC'D BY LOCAL REG. **DEC 10 1951** REGISTRAR'S SIGNATURE **J. Earl Smith M 19**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

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 J. Dennehy*  
Licensed Embalmer No. 41990

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.