

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **22962**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **1704**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>MAPLEWOOD</b>		c. LENGTH OF STAY (in this place) <b>2 YR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7718 RANNELLS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MAPLEWOOD</b> d. STREET ADDRESS (If rural, give location) <b>7718 RANNELLS</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ADA</b>		b. (Middle) <b>SHERILL</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>6 20 52</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>AUG. 14-1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT-HOME</b>	9. AGE (in years last birthday) <b>81</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>CARROL SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>ADLINE DUNN</b>	14. NAME OF HUSBAND OR WIFE <b>WALTER SHERILL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ALICE JENKERSON-7718 RANNELLS</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Parenchymatous Nephritis</b> INTERVAL BETWEEN ONSET AND DEATH  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. <b>General Arteriosclerosis</b> years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?			
22. I hereby certify that I attended the deceased from <b>June 7, 1952</b> , to <b>June 20, 1952</b> , that I last saw the deceased alive on <b>June 20, 1952</b> , and that death occurred at <b>10 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Vincent J Townsend MD</b> (Degree or title)		23b. ADDRESS <b>3101<sup>a</sup> Sutton Ave Maplewood Mo</b>	
23c. DATE SIGNED <b>6-23-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-23-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>	
DATE REC'D BY LOCAL REG. <b>6-23-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>		ADDRESS <b>MAPLEWOOD MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

520

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

1004

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.....

*A. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.