FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36608

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2358

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Kinx~~ Moll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: St Louis
c. CITY OR TOWN: Valley Park 4761
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 62 Inez Pl.

3. NAME OF DECEASED (Type or Print): a. (First) Lina b. (Middle) Johnie c. (Last) Sherrell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5 1956

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Dec. 15 1883
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and State or Foreign Country): Clebourne Co. Arkansas 7
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Mabry
13b. MOTHER'S MAIDEN NAME: Amanda Tapp
14. NAME OF HUSBAND OR WIFE: Amenda Tapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Guy Tyrey 62 Inez Valley Park, Mo.

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) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chr. Myocarditis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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?

22. *I hereby certify that I attended the deceased from* 5/12, 1956, *to* 10/5/56 19__, *that I last saw the deceased alive on* 10/4, 1956, *and that death occurred at* 5:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Heslie MD
23b. ADDRESS: Kirkwood 22, Mo.
23c. DATE SIGNED: 10-6-56

24a. [redacted] REMOVAL [redacted] Burial
24b. DATE: 10-9-1956
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL [redacted]
24d. LOCATION (City, town, or county) (State): KIRKWOOD [redacted]

DATE REC'D BY LOCAL REG.: 10-7-56
REGISTRAR'S SIGNATURE: Herbert A. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: LOUIS H. BOPP, Jr. 131 W. ARGONE DR. KIRKWOOD, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Wyland

Licensed Embalmer No.....

P. O. Address Kirkland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.