pt. Health,
., & Welfare
S. Public
lth Service

. S. 300
ev. 1-57

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 47655 12313

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: DEACONESS HOSPITAL — Length of stay in 1b: 28

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Bel-Nor Knollwood Dr. 0 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 8450 Knollwood Dr. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First HELEN Middle P. Last SHRYOCK.

4. DATE OF DEATH: Month DECEMBER Day 21 Year 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: DEC. 23, 1892

9. AGE (In years last birthday): 64 — 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 public school

10b. KIND OF BUSINESS OR INDUSTRY: teacher

11. BIRTHPLACE (City and state or country): St. LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FULLERTON W. SHRYOCK.

13b. MOTHER'S MAIDEN NAME: CLARA M

14. NAME OF HUSBAND OR WIFE: NONE

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: DR. FULLERTON W. LUEDDE 9901 CONWAY RD.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC INSUFFICIENCY	1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	MYOCARDIAL INFARCTION	6 DAYS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12·16·57 to 12·21·57 and last saw her alive on 12·21·57.
Death occurred at 12·21·57 9:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E Cook (Degree or title) M.D.

22b. ADDRESS 35 N. CENTRAL

22c. DATE SIGNED 12·21·57.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: DEC. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEMETERY

23d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS: C.R. LUPTON AND SONS 7233 DELMAR BLV'D.

25. DATE RECD. BY LOCAL REG.: DEC 23 57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD G.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.