

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18653

FILED JUN 3 1950

State File No. 4621  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>18653</b>		Registrar's No. <b>4621</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2119				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>KK 29 Garfield</b> 0						
3. NAME OF DECEASED a. (First) <b>Edward</b>		b. (Middle) _____		c. (Last) <b>Sherrell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1950</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct. 14, 1883</b>		9. AGE (In years last birthday) <b>66</b> 7 9		
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <b>Palman Boiler</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Train</b>		11. BIRTHPLACE (State or foreign country) <b>Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Hester Sherrell</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Hester Sherrell 4529 Garfield</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Esophagus - Far Advanced</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>  INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>150X</b>						
22. I hereby certify that I attended the deceased from <b>4-15</b> , 19 <b>50</b> , to <b>5-23</b> , 19 <b>50</b> that I last saw the deceased alive on <b>5-23</b> , 19 <b>50</b> , and that death occurred at <b>5:20a m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Denton E. Phillips</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>2601 N. Whittier St.</b>			23c. DATE SIGNED <b>5-23-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father O'Shea Kirkwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>				
DATE REC'D BY LOCAL HEALTH DEPT. <b>23</b>		REGISTRAR'S SIGNATURE <b>J. B. Faraster</b>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Atkins Bros. 3644 Loring</b>					

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Louis V. Atkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finley

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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