

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11149**
Registrar's No. **382**

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4587 | |
| c. LENGTH OF STAY (in this place) 4 WEEKS | | d. STREET ADDRESS (If rural, give location) 167-SELM AVE. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY HOSPITAL | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) WILLIAM MINNIS SHERILL | | | 4. DATE OF DEATH (Month) (Day) (Year) FEB-9 '1962 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH JUNE-18-1895 | | 9. AGE (In years last birthday) 56 | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADVERTISING MNG. | | 10b. KIND OF BUSINESS OR INDUSTRY NAT. BANK | | 11. BIRTHPLACE (State or foreign country) Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME SAMUEL W SHERILL | | 13b. MOTHER'S MAIDEN NAME LUCEY MINNIS | |
| 14. NAME OF HUSBAND OR WIFE RUTH SHERILL | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 488-09-5866 | |
| 17. INFORMANT'S SIGNATURE OR NAME Ernest G Wichman | | 18. ADDRESS Groves | | 19. MEDICAL CERTIFICATION | |

| | | | | | |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma Spine | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Spine | | INTERVAL BETWEEN ONSET AND DEATH 4 MO | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary in Rt Kidney | | 14 MO | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION Nov 1951 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma Rt Kidney removed | | 20. AUTOPSY? YES <input checked="" 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) _____ | | 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 **Oct 14, 1951**, to **Feb 9, 1952**, that I last saw the deceased alive on **Feb 9, 1952**, and that death occurred at **8 PM** m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE W. H. ... (Degree or title) | | 23b. ADDRESS Webster Groves 716 | | 23c. DATE SIGNED 2-11-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Feb-12-1952 | | 24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM. | |
| 24d. LOCATION (City, town, or county) (State) KIRKWOOD - MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE Herbert H. ... | | ADDRESS Webster Groves | |
| DATE REC'D BY LOCAL REG. 2-12-52 | | REGISTRAR'S SIGNATURE Herbert H. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Herbert H. ... | |

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

0006

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 *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Holston Groves* _____

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.