

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3148

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township..... Primary Registration District No. 3036  
 City St. Charles (No. 513) Deatur St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 15

**2. FULL NAME** Elizabeth Shipley

(a) Residence. No. 513 Deatur St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Shipley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	63	7	17	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Warren County Mo  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fritz Krollmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Hodge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warren County Mo  
 (STATE OR COUNTRY)

14. INFORMANT W F Shipley  
 (Address) St. Charles Mo

15. FILED 1/27/29 By H. G. Oberbaum REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929

17. I HEREBY CERTIFY, That I attended deceased from 6:30 A.M. Jan 21, 1929, to 2:30 P.M. Jan 21, 1929 that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 da.  
 CONTRIBUTORY Cardiac Dropsy  
 (SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED 101 W  
 (IF NOT AT PLACE OF DEATH) \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptom  
 (Signed) Chas B. Deak, M. D.  
 , 19 (Address) H. Charles, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL H. Peters Cemetery DATE OF BURIAL Jan 24 1929

20. UNDERTAKER H. Hallmeyer & Sons Co ADDRESS St. Charles Mo

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23 1929

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