WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. 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.

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

Do not use this space.

37609

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1703

City St. Louis. (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 10286

2. FULL NAME Helen Shamess.

(a) Residence, No. 4058 Concordia Ave. St., 15 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Shamess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24.1899.

7. AGE: YEARS 33 MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER

13. NAME: James J. Robbins.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER

15. MAIDEN NAME: Margaret Dierkes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): James Shamess 4058 Concordia Ave.

18. BURIAL, CREMATION, OR REMOVAL: SS. Peter & Paul Cem. DATE Nov. 22. 1932.

19. UNDERTAKER (ADDRESS): J. H. Gobben Sons & Co 2842 Meramec Str.

20. FILED NOV 21 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH 11/19

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19, 1932

22. HEREBY CERTIFY, That I attended deceased from No Physician Attendance, 19 ..., to ..., 19 ...

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1:12 a. m. 1:12 a. m.

The principal cause of death and related causes of importance were as follows:

Septicaemia due to Retained Placental Tissue 144B

Date of onset

Other contributory causes of importance: 144B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Child Birth

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner M.D.

(Address) Dep. Coron

11/21/32