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

Do not use this space.

File No. 18443

Registered No. 5019

1. PLACE OF DEATH JUN 12 1937

County

Township

City St. Louis (No. 5351 Delmar Blvd. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mrs. Margaret A. Shendall

(a) Residence, No. 5351 Delmar Blvd. St., 12 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest E. Shendall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1846

7. AGE: Years 90 | Months 4 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lived in Masonic Home

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): New Albany, Indiana

FATHER

13. NAME: unknown

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

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT: Mrs. Wilmoth Walker
(ADDRESS) 5351 Delmar Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickerline DATE May 21 1937

19. UNDERTAKER: Alexander & Sons
(ADDRESS) 6175 Delmar Blvd

20. FILED MAY 18 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1933, 19, to May 18, 1937, 19

I last saw her alive on May 17, 1937, 19. Death is said to have occurred on the date stated above, at 12, 10 A. M.

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

	Date of onset
Strangulated Hernia	3days

Other contributory causes of importance:

Operation preceeded	
Peritonitis	2 days

Name of operation Herniotomy Date of May 17.37

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

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 ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Dolon Tanneron, M. D.

(Address) 508 N. Grand Blvd.

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.