

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.

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township Ellettsburg  
City St. Louis

Registration District No. 664  
Primary Registration District No. 5883

File No. 31434  
Registered No. 13

2. FULL NAME

(a) Residence, No. maucha Ann Shy St. St. Louis Ward. 13  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

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 Frederick C. Shy  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 = 1898

7. AGE YEARS 30 MONTHS 7 DAYS 19 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Merger Co Mo

13. NAME Isaac Norman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Colley A Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Ed Ferguson  
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 8-22 1937

19. UNDERTAKER B. F. Carson  
(ADDRESS) St. Louis

20. FILED Aug 21 1937 W. R. Shelby  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 19 1937 to Aug 19 1937

I last saw him alive on June 15 1937. Death is said to have occurred on the date stated above, at 2:30 a m.

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

Coronary occlusion

Date of onset Aug 19, 1937

Other contributory causes of importance: arteriosclerosis  
simple dementia

Name of operation none Date of none

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

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

If so, specify no

(Signed) Chapman M. D.  
(Address) St. Louis - Mo

