

# OCT 26 1937 MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35200

Do not use this space.

1. PLACE OF DEATH Kirkwood, Mo.  
 (a) County St. Louis Registration District No. 333  
 (b) Township Ferguson Town Primary Registration District No. 4468  
 (c) City Kirkwood, Mo. (d) Street No. Fully & Jackson St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daisy Shanklin  
 (a) Residence, No. 3737 Hickory St. ☐  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

#### PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Shanklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1892  
 7. AGE YEARS 45 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Memphis, Tenn.  
 (STATE OR COUNTRY)

13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

15. MAIDEN NAME Henerietta Roberson  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Jesse Shanklin  
 (ADDRESS) 3737 Hickory

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenwood DATE 9/13/37

19. FUNERAL DIRECTOR E. L. Garner  
 (ADDRESS) 2829 Washington Ave.

20. FILED 9-11 1937 W. A. Fletcher  
 Local Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1937 to Sept. 9, 1937  
 I last saw him/her alive on Sept. 9, 1937 Death is said to have occurred on the date stated above, at 3:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
Bi-lateral  
Myo-cordial disease

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical 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?  
 If so, specify L. B. Howell M. D.  
 (Signed) 2902 La Chade (Address)

(Per W. C. Smith Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Avery Andrews, Licensed Embalmer No. 3974  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Avery Andrews  
L. E. St. Louis Missouri  
No. 3974 or by \_\_\_\_\_, Registered Apprentice No. 3974  
working under my personal supervision.

Signed Avery Andrews  
Licensed Embalmer No. 3974

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.)