

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

37678  
Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 1116a Destrehan Street 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Leona Shotrow  
 (a) Residence, No. 1116a Destrehan Street St. 26 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Patrick L. Shotrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 30

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 13. NAME Not known  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Eugene Shotrow  
 (ADDRESS) 1116a Destrehan Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ferdinand Cem. Florissant, Mo. DATE Nov. 21, '38

19. FUNERAL DIRECTOR Mata Hermann & Son  
 (ADDRESS) 2161 East Fair Avenue

20. FILED St. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 18, 1938  
 I last saw her alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Regurgitation  
Arteriosclerosis  
Arterio-sclerosis  
 Other contributory causes of importance  
Arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Physical Was there an autopsy? \_\_\_\_\_

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) Arthur J. Plummer M. D.  
 (Address) 3402 N. 14

NOV 20 1938

**STATEMENT BY LICENSED EMBALMER**

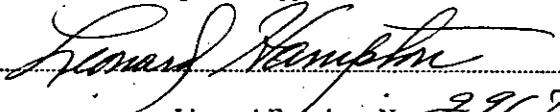
I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed...  .....

Licensed Embalmer No. 2967

**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.)**